

Case Number:	CM15-0136885		
Date Assigned:	07/24/2015	Date of Injury:	07/22/2008
Decision Date:	09/22/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented 57-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of July 22, 2008. In a Utilization Review report dated July 9, 2015, the claims administrator failed to approve requests for naratriptan, Compazine, zaleplon, and a surgical tray. The claims administrator seemingly framed the request as a request for a surgical tray in conjunction with the proposed Botox injection. The claims administrator did, however, approve said Botox injection. The claims administrator referenced an RFA form dated July 1, 2015 and an associated progress note of June 18, 2015 in its determination. The applicant's attorney subsequently appealed. In an office visit dated February 9, 2015, the applicant reported ongoing complaints of neck pain and headaches. The applicant had multiple medical, neurologic, and psychological medical-legal evaluations. The applicant had received physical therapy, psychotherapy, Inderal, Depakote, Soma, and Botox injections at various points over the course of the claim, it was acknowledged. Botox injections were sought. It was stated that the applicant's migraine headaches had been managed for the preceding seven years with Botox injections. The applicant's permanent work restrictions were renewed. It was not explicitly stated whether the applicant was or was not working with said limitations in place. The applicant's medication list included naratriptan, Compazine, Botox, Sonata, and prednisolone eye drops, it was stated. On June 18, 2015, the applicant presented with ongoing complaints of neck pain and chronic migraines reportedly attributed to an industrial fall injury. The applicant was on Prozac for depression and anxiety, trazodone and zaleplon for insomnia, Compazine for nausea associated with migraine headaches, and naratriptan for flares of migraine headaches. The applicant had superimposed issues with depression, it was reported.

The applicant had received recent Botox injections on April 13, 2015. The applicant contended that the Botox injections were beneficial. The applicant again stated that she had been receiving Botox injections approximately once every three months. The applicant's medications included Botox, Compazine, naratriptan, Prozac, Desyrel, zaleplon, Ativan, and prednisolone eye drops. Permanent work restrictions were renewed. The attending provider again contended that the applicant's Botox injections were beneficial. The attending provider did not explicitly state whether the applicant was or was not working but noted that the applicant was permanent and stationary with "permanent disability" suggesting that the applicant was not, in fact, working.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Surgical tray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 26.

Decision rationale: No, the request for a surgical tray was not medically necessary, medically appropriate, or indicated here. The request for surgical tray was framed as a derivative or companion request, to be employed in conjunction with a request for a repeat Botox injection. Page 26 of the MTUS Chronic Pain Medical Treatment Guidelines notes, however, that Botox injections are "not recommended for migraine headaches, i.e.", the primary stated diagnosis here. While another section of page 26 of the MTUS Chronic Pain Medical Treatment Guidelines states that the evidence is "mixed" for migraine headaches, the overall MTUS position on Botox injections for migraine headaches is seemingly tepid-to-unfavorable. Page 26 of the MTUS Chronic Pain Medical Treatment Guidelines notes that Botox injections for a proximate body part, the low back, should be employed "as an option in conjunction with a functional restoration program." Here, however, it did not appear that the attending provider was intent on performing the Botox injections at issue in conjunction with a program of functional restoration. The applicant seemingly remained off of work; it was suggested (but not clearly stated) on June 18, 2015. The applicant was described as permanent and stationary with "permanent disability," it was suggested on that date. Ongoing usage of Botox injections failed to curtail the applicant's dependence on a variety of other abortive medications for migraine headaches, including naratriptan, Compazine, etc. All of the foregoing, taken together, suggested lack of functional improvement as defined in MTUS 9792.20e, despite receipt of quarterly Botox injections over the preceding seven years. Therefore, the request for provision of a surgical tray in conjunction with planned Botox injection therapy is not medically necessary.

Naratriptan 2.5mg qty: 30: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans.

Decision rationale: Conversely, the request for naratriptan was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, page 47, an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which a drug has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, the attending provider stated that naratriptan had been employed for migraine headaches. ODG's Head Chapter notes that triptan medications such as naratriptan are effective, well tolerated, and recommended for migraine sufferers. Here, the applicant was described as having symptoms suggestive or evocative of migraine headaches on June 18, 2015. The applicant reported issues with headaches, nausea, and photophobia, all of which were highly suggestive of ongoing issues with migraine headaches. Naratriptan was indicated to ameliorate the same. Therefore, the request is medically necessary.

Compazine 5mg qty: 180: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Management of the Acute Migraine Headache, GLEN AUKERMAN, M.D., DOUG KNUTSON, M.D., and WILLIAM F.

MISER, M.D., M.A., Ohio State University College of Medicine and Public Health, Columbus, Ohio, Am Fam Physician. 2002 Dec 1; 66(11):2123-2131.<http://www.aafp.org/afp/2002/1201/p2123.html>.

Decision rationale: Similarly, the request for Compazine, an antiemetic medication, was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it had been prescribed into his choice of recommendations so as to ensure proper usage. The American Academy of Family Practice (AFP) notes that adjunctive therapy is used to treat associated symptoms of migraines and provide synergistic analgesia, noting that Compazine can effectively relieve headache pain and/or nausea associated with attacks of migraine headaches. Here, the attending provider did in fact state that usage of Compazine was intended to attenuate symptoms of nausea associated with migraine headaches and had reportedly proven effective in ameliorating the same. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

Zaleplon 10mg qty: 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015 On-Line Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Insomnia treatment, Zaleplon (Sonata®).

Decision rationale: The request for zaleplon (Sonata), a sleep aid, was not medically necessary, medically appropriate, or indicated here. The MTUS does not address the topic. However, ODG's Mental Illness and Stress Chapter Insomnia Treatment topic notes that zaleplon or Sonata is recommended for short-term use purposes, with a controlled trial showing effectiveness for up to 5 weeks. Here, the 120-tablet supply of zaleplon (Sonata) at issue represented treatment well in excess of the five-week limit for the same espoused in ODG's Mental Illness and Stress Chapter Insomnia Treatment topic. The attending provider failed to furnish a clear or compelling rationale for such usage in the face of the unfavorable guideline position on the same. Therefore, the request is not medically necessary.