MAXIMUS Federal Services

Case Number:	CM15-0140890		
Date Assigned:	07/30/2015	Date of Injury:	08/29/2013
Decision Date:	09/02/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/20/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 45 year old male patient who sustained an industrial injury on August 29, 2013. A recent primary follow up dated January 06, 2015 reported subjective complaint of having severe neck pain, headache and temporal mandible joint pain. The following medications were prescribed: Norco 10-325mg, and Zolpidem. He is to remain on a modified work duty. He returned for follow up on January 14, 2015 complaining of worsened neck pain and headache. The pain is described as sharp, burning, throbbing, pins and needles, tingling, and numbness sensations. His headache is bilateral but mostly focused over the supraorbital area of the head. The headache is noted as constant and is accompanied with nausea, vomiting and blurred vision. In addition, he complains of feeling depressed within increased crying and family fighting. The impression found the patient with cervical strain and sprain; cervical facet arthropathy; myofascial pain; right radial neuropathy; bilateral carpal tunnel syndrome; bilateral acromioclavicular joint arthritis and impingement; bilateral ulnar neuropathy; depression; cervicogenic headaches, postconcussion headache, temporal mandible joint pain, and occipital neuralgia. The plan of care noted switching back to Elavil from Nortriptyline, initiate ibuprofen, Lyrica, Gabapentin, and Topamax. The patient was also scheduled for a radiofrequency ablation. There was also recommendation for additional acupuncture sessions as it offered past benefit. The patient was administered supraorbital and occipital nerve blocks this visit. The next visit dated February 04, 2015 the patient reported feeling as if he had a fever and a burning sensation after undergoing the radiofrequency ablation. There is mention of the procedure being painful for the patient both during and after along with a low grade fever intermittently. He was worked up for an infection. The following diagnoses were added: rule out infection, status post

radiofrequency ablation, and depression. The following medications were initiated this visit: Lidoderm patches, and increased the Elavil to 10mg one by mouth twice daily. There is recommendation for additional acupuncture sessions. Medications noted changed at a visit dated March 18, 2015; continue with Norco, Lyrica and Ibuprofen. Zolpidem noted being discontinued and Lunesta was started. The patient is also requesting nerve block injections. On April 08, 2015 he was administered occipital nerve block injection treating myofascial pain syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection for headache: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25, 26.

Decision rationale: The 45 year old patient complains of neck pain, headache and shoulder pain, rated at 6/10, as per progress report dated 06/17/15. The request is for BOTOX INJECTION FOR HEADACHE. The RFA for this case is dated 05/13/15, and the patient's date of injury is 08/29/13. Diagnoses, as per progress report dated 06/17/15, included cervical facet arthropathy, myofascial pain, right median neuropathy, bilateral carpal tunnel syndrome, bilateral AC joint arthritis and impingement, bilateral ulnar neuropathy, depression, cervicogenic headache, post-concussion headache, and TMJ issues. Current medications include Zolpidem, Nortriptyline, Lyrica and Norco. The patient is not employed as the employer cannot meet the work restrictions.MTUS Guidelines, pages 25-26, CHRONIC PAIN MEDICAL TREATMENT GUIDELINES: Botulinum toxin (Botox; Myobloc) Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. In this case, the request for Botox injections for headaches is noted in progress report dated 05/13/15. As per the report, the patient has occipital nerve block which "gave him benefit, but did not last long." Hence, the treater is now requesting for a Botox injection. In supplemental report dated 07/15/15 --- after the UR date ---, the treater states that the patient has "headaches on a daily basis which generally last more than four hours at a time. This is associated with nausea and vomiting and sensitivity to light and sound." However, MTUS does not support Botox injections for cervicogenic headaches, neck pain, or myofascial pain. Furthermore, there is no documentation of cervical dystonia, for which Botox injections would be indicated. Therefore, the request IS NOT medically necessary.