

<b>Case Number:</b>	CM15-0166839		
<b>Date Assigned:</b>	09/04/2015	<b>Date of Injury:</b>	07/29/2013
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2015

### 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: Florida  
 Certification(s)/Specialty: Neurology, Pain Management

### 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 49 year old female, who sustained an industrial injury on July 29, 2013. She reported back and head pain. She reports feeling dazed. Treatment to date has included steroid injection, MRI, CT scan, X-rays, electrodiagnostic studies, medications and chiropractic care. Currently, the injured worker complains of neck pain that radiates down both of her arms. She reports low back pain that radiates down both of her legs. She reports constant headaches described as sharp to dull accompanied by sensitivity to light, loud noises and unusual smells. She reports difficulty engaging in activities of daily living and sleep disturbance due to the pain. The injured worker is currently diagnosed with headaches, chronic pain, cervical disc degeneration, cervical radiculopathy, lumbar disc degeneration, lumbar facet arthropathy and lumbar radiculopathy. A progress note dated March 6, 2015 states the injured worker experienced a 50% reduction in pain that lasted for three months from previous steroid injection. A progress note dated April 7, 2015 states the injured workers pain is reduced from 8 on 10 to 5 on 10. In a note dated July 22, 2015, it states the injured worker experiences a decrease in pain from 9 on 10 to 7 on 10 with her pain medication. The following; Botox 100 units #2, Botox supply 100 units #2, Fioricet 50mg-325mg-40mg #60, EEG-QEEG (brain mapping) and Prozac 10 mg #90 (depression due to chronic pain) are requested to alleviate pain and assist with further diagnosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox (Botulinum toxin) 100 units, quantity: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head, botox.

**Decision rationale:** Botox is supported for treatment of chronic migraine headaches but not chronic tension headaches. ODG guidelines support Botox for chronic migraine treatment. The medical records do not document specific symptoms and or signs of the headache or document the specific frequency of the headaches in support of a diagnosis of chronic migraine type headaches. In the absence of demonstrated chronic migraine headaches meeting criteria established by the American Headache society, the treatment of the insured with botulinum is not supported congruent with ODG guidelines. The request is not medically necessary.

**Botox supply 100 units, quantity: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head, botox.

**Decision rationale:** Botox is supported for treatment of chronic migraine headaches but not chronic tension headaches. ODG guidelines support Botox for chronic migraine treatment. The medical records do not document specific symptoms and or signs of the headache or document the specific frequency of the headaches in support of a diagnosis of chronic migraine type headaches. In the absence of demonstrated chronic migraine headaches meeting criteria established by the American Headache society, the treatment of the insured with botulinum is not supported congruent with ODG guidelines and as such botox supplies is not supported. The request is not medically necessary.

**Fioricet 50-325-40mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain, opioids.

**Decision rationale:** The medical records report ongoing pain that is helped subjectively by continued used of opioid. The medical records do not indicate or document any formal opioid risk mitigation tool use or assessment or indicate use of UDS or other risk tool. ODG supports

ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Given the medical records do not document such ongoing monitoring, the medical records do not support the continued use of opioids such as fioricet. The request is not medically necessary.

**EEG (electroencephalography)/QEEG (brain mapping): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head, quantitative EEG.

**Decision rationale:** QEEG is not recommended for diagnosing traumatic brain injury (TBI) or epilepsy determination. Quantified Electroencephalography (QEEG) (Computerized EEG) is a modification of standard EEG using computerized analysis of statistical relationships between power, frequency, timing, and distribution of scalp recorded brain electrical activity. In moderate/severe TBI the results of QEEG are almost always redundant when traditional electroencephalographic, neurologic and radiologic evaluations have been obtained. Recent studies suggest that in the future QEEG may become a useful tool in the retrospective diagnosis of TBI and its severity, but this application remains investigational and is usually not covered. The medical records do not indicate a condition of seizure or TBI and as such QEEG is not supported for any condition. The request is not medically necessary.

**Prozac 10mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head, antidepressant.

**Decision rationale:** The medical records report depression due to chronic pain but does not qualify the nature or extent of depression or indicate psychological assessment with demonstrated severity in support of pharmacologic therapy. ODG guidelines support prozac or other antidepressant for depression symptoms not responsive to 6 weeks conservative care or demonstrated severity effecting function. As such the medical records provided for review do not support the use of prozac for the insured. The request is not medically necessary.