MAXIMUS Federal Services

Case Number:	CM15-0182356		
Date Assigned:	09/23/2015	Date of Injury:	08/04/2011
Decision Date:	11/18/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/16/2015

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: 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 injured worker is a 32 year old female with an industrial injury dated 08-04-2011. A review of the medical records indicates that the injured worker is undergoing treatment for severe migraines, occipital neuralgia, cervical spondylosis without myelopathy, and myofascial pain syndrome. Medical records (6-4-10-2015 to 8-13-2015) indicate ongoing pain in the neck, upper back, shoulder and arm. Pain level was 6-8 out of 10 on a visual analog scale (VAS). The injured worker reported improvement with medication, rest, physical therapy and nerve blocks. Current Medications are Zanaflex, Lyrica, Celebrex, Imitrex, and Tramadol. Objective findings revealed pain in the bilateral C6 dermatomes and multiple trigger point in para cervical spine. According to the progress note dated 08-13-2015, the injured worker reported neck pain, severe migraines, shoulder, and arm pain. Objective findings (4-10-2015 to 8-13-2015) revealed multiple trigger point para cervical spine. The treating physician reported that the cervical spine Magnetic Resonance Imaging (MRI) from 9-2012 revealed hypertrophy of the facet joint at C5-6 causing mild to moderate neural foraminal narrowing bilaterally. Treatment has included diagnostic studies, prescribed medications, trigger point injections, physical therapy, 3 sets of Botox injection with improvement for 3 months, transcutaneous electrical nerve stimulation (TENS), chiropractic treatment which was not helpful and periodic follow up visits. The treatment plan included medication management and Botox injections. Medical records indicate that the injured worker has been on Zanaflex, Imitrex, Topamax since at least 04-10-2015. Request for authorization dated 08-13-2015, included requests for Botox Injections into cervical and thoracic area, greater occipital nerve, bilateral trapezius, rhomboid, supraspinatus, and infraspinatus

muscles, with ultrasound Guidance, 200 units, 10 units-injection, Zanaflex 4 MG 1 Tab Twice Daily #60 Prescribed 8-13-15, Imitrex 50 MG #10 Prescribed 8-13-15, Topamax 50 MG, 1 tab Twice Daily #60 Prescribed 8-13-15, and Acupuncture x 12 Sessions for neck and upper back. The utilization review dated 08-27-2015, non-certified the request for Botox Injections into cervical and thoracic area, greater occipital nerve, bilateral trapezius, rhomboid, supraspinatus, and infraspinatus muscles, with ultrasound Guidance, 200 units, 10 units-injection, Zanaflex 4 MG 1 Tab Twice Daily #60 Prescribed 8-13-15, Imitrex 50 MG #10 Prescribed 8-13-15, Topamax 50 MG, 1 tab Twice Daily #60 Prescribed 8-13-15, and Acupuncture x 12 Sessions for neck and upper back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injections into Cervical and Thoracic Area, Greater Occipital Nerve, Bilateral Trapezius, Rhomboid, Supraspinatus, and Infraspinatus Muscles, with Ultrasound Guidance, 200 units, 10 Units/injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

Decision rationale: According to the MTUS, Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Botox is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Consideration may be given to using Botox for: chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. Botox Injections into Cervical and Thoracic Area, Greater Occipital Nerve, Bilateral Trapezius, Rhomboid, Supraspinatus, and Infraspinatus Muscles, with Ultrasound Guidance, 200 units, 10 Units/injection is not medically necessary.

Zanaflex 4 MG 1 Tab Twice Daily #60 Prescribed 8/13/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Zanaflex 4 MG 1 Tab Twice Daily #60 Prescribed 8/13/15 is not medically necessary.

Imitrex 50 MG #10 Prescribed 8/13/15: Overturned

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) Triptans, Head.

Decision rationale: Recommended for migraine sufferers. At marketed doses, all oral triptans (e.g., sumatriptan, brand name Imitrex) are effective and well tolerated. Differences among them are in general relatively small, but clinically relevant for individual patients. A poor response to one triptan does not predict a poor response to other agents in that class. Triptans are recommended in the Official Disability Guidelines. The medical records indicate that the patient's headaches are migraine in origin, and that migraines are a contributor to the occupational injury. I am reversing the previous utilization review decision. Imitrex 50 MG #10 Prescribed 8/13/15 is medically necessary.

Topamax 50 MG, 1 tab Twice Daily #60 Prescribed 8/13/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: Topamax is an anti-epilepsy drug sometimes recommended for neuropathic pain, i.e. pain due to nerve damage. Randomized controlled studies have been limited in regard to central pain, and there have been none for painful radiculopathy. If an antiepileptic drug is prescribed for a patient for other than painful polyneuropathy or postherpetic neuralgia, a first-line medication such as gabapentin or pregabalin should be tried initially.The patient complains of central-type and radicular pain. The medical record lacks documentation that the patient has been tried on any first-line agents. Topamax 50 MG, 1 tab Twice Daily #60 Prescribed 8/13/15 is not medically necessary.

Acupuncture x 12 Sessions for Neck and Upper Back: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The Acupuncture Medical Treatment Guidelines state that the initial authorization for acupuncture is for 3-6 treatments. Authorization for more than 6 treatments would be predicated upon documentation of functional improvement. The request for 12 treatments is greater than the number recommended for a trial to determine efficacy. Acupuncture x 12 Sessions for Neck and Upper Back is not medically necessary.