

Case Number:	CM15-0184277		
Date Assigned:	10/12/2015	Date of Injury:	02/10/2015
Decision Date:	11/30/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/18/2015

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: Emergency 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 male who sustained an industrial injury on 2-10-15. Of note, several documents within the submitted medical records are difficult to decipher. The injured worker reported daily headaches and "nerve damage." A review of the medical records indicates that the injured worker is undergoing treatments for toxic fume exposure, memory loss from exposure and cephalgia secondary from exposure. Provider documentation dated 9-1-15 noted the work status as return to full duty 9-8-15. Treatment has included Oxycodone since at least March of 2015, Gralise since at least March of 2015, Zipsor since at least March of 2015, and Ibuprofen since at least March of 2015, Fioricet since at least July of 2015, Topiramate since at least August of 2015, and electroencephalogram. Objective findings dated 9-1-15 were notable for bilateral upper extremities range of motion within normal limits, strength bilateral upper extremities 5 out of 5, varicose veins right leg. The original utilization review (8-20-15) denied a request for Botox injections 100 units to forehead and scalp Qty: 25.00 and Gralise 600mg Qty: 90.00.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections 100 units to forehead and scalp Qty: 25.00: Upheld

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

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

Decision rationale: The requested Botox injections 100 units to forehead and scalp Qty: 25.00, is not medically necessary. CA MTUS 2009 - Chronic Pain Treatment Guidelines 7/18/2009, Pages 25-26, Botulinum toxin (Botox; Myobloc) noted: Not generally recommended for chronic pain disorders, except for cervical dystonia. The injured worker is undergoing treatments for toxic fume exposure, memory loss from exposure and cephalgia secondary from exposure. The treating physician has not documented exam evidence of cervical dystonia. The criteria noted above not having been met, Botox injections 100 units to forehead and scalp Qty: 25.00 are not medically necessary.

Gralise 600mg Qty: 90.00: Upheld

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

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

Decision rationale: The requested Gralise 600mg Qty: 90.00, is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are recommended for neuropathic pain due to nerve damage, and Outcome: A good response to the use of AEDs has been defined as a 50% reduction in pain and a moderate response as a 30% reduction. The injured worker is undergoing treatments for toxic fume exposure, memory loss from exposure and cephalgia secondary from exposure. The treating physician has not documented the guideline-mandated criteria of percentages of relief to establish the medical necessity for its continued use. The criteria noted above not having been met, Gralise 600mg Qty: 90.00 is not medically necessary.