

Case Number:	CM15-0190462		
Date Assigned:	10/02/2015	Date of Injury:	02/10/2015
Decision Date:	11/12/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/28/2015

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, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

This is a 45 year old female patient who sustained an industrial injury on 02-10-2015. The diagnoses include TMJ pain and cervicogenic headache. Medical records indicated the patient was treated for a scalp laceration, and head and neck pain immediately after the injury. She was reported to have a right-sided head contusion-concussion. She began to complain of right temporal headaches that were mild to moderate intensity and exacerbated by chewing (03-05-2015). Symptoms were lessened by non-steroidal anti-inflammatories. Per the note dated 07-08-2015 she was reported hypertensive with a blood pressure 149/95. The physical examination revealed tenderness and muscle spasm bilaterally over the mastoid muscle; Mouth opening 1 inch, and speech with clenched teeth and intact cranial nerves. Per the note dated 09-04-2015, she had complains of pain rated an 8 on a scale of 0-10. She wears a night guard on a regular basis and at times uses it in the day. She had complains of chronic pain and headaches with pain in the left side of the jaw. The physical examination revealed clicking of bilateral TM joint, tightness and spasm in the masseter muscles bilaterally and speech with minimal jaw opening. The current medications list includes Anaprox and Nortriptyline. She was unable to tolerate Gabapentin. She was prescribed sumatriptan until she can get back on the topamax. A Brain CT (03-19-2015) was negative for pathology. She received Ultrasound guided trigger point injections of the Left Mastoid (06-08-2015) that gave temporary relief of her jaw pain. The treatment plan of care is for a transcutaneous electrical nerve stimulation (TENS) unit, Botox injections to the masseter muscles, and medications. A request for authorization was submitted for 1. Botox Injection to the masseter muscles 2. Amitriptyline 10mg #30 prescribed 9-4-15 3. Anaprox 550mg #60 prescribed 9-4-15 4. Sumatriptan 25mg #9 prescribed 9-4-15 5. A utilization

review decision 09-18- 2015. Certified: Amitriptyline 10mg #30 prescribed 9-4-15; Anaprox 550mg #60 prescribed 9- 4-15 Non- Certified: Sumatriptan 25mg #9 prescribed 9-4-15; Botox Injection to the masseter muscles.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection to the masseter muscles: 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: Botox Injection to the masseter muscles. Per the cited guidelines Botox injection is "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." Patient has a diagnoses include TMJ pain and cervicogenic headache. The cited guidelines do not recommended botox injection for this diagnosis. Evidence of cervical dystonia is not specified in the records provided. Failure to previous conservative therapy including pharmacotherapy for TM joint pain is not specified in the records provided. Per the notes, her symptoms were lessened with the use of non-steroidal anti-inflammatories (NSAIDS). The request for Botox Injection to the masseter muscles is not medically necessary.

Sumatriptan 25mg #9 prescribed 9/4/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head Chapter (Online Version), Triptans.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Head (updated 07/24/15), Triptans.

Decision rationale: Sumatriptan 25mg #9 prescribed 9/4/15. Triptans are used for treating migraine headaches. Per the cited guidelines triptans are "Recommended for migraine sufferers." Per the records provided patient had cervicogenic headache. A detailed history and examination related to migraine headaches is not specified in the records provided. Failure to other medications for headaches is not specified in the records provided. Per the notes, her symptoms were lessened with the use of non-steroidal anti-inflammatories (NSAIDS). The request for Sumatriptan 25mg #9 prescribed 9/4/15 is not medically necessary.

