MAXIMUS Federal Services

Case Number:	CM15-0208638		
Date Assigned:	10/27/2015	Date of Injury:	01/22/2009
Decision Date:	12/09/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/22/2015

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: Arizona, 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:

The injured worker is a 62 year old male, who sustained an industrial-work injury on 1-22-09. He reported initial complaints of neck, headaches, and shoulder pain. The injured worker was diagnosed as having chronic pain syndrome, cervical radiculitis, migraine, and degeneration of cervical intervertebral disc, arthropathy, intracranial injury, major depressive affective disorder, anxiety, GERD (gastroesophageal reflux disease) and Barrett's esophagitis. Treatment to date has included medication and diagnostics. MRI results were reported with PR-2 from 10-1-15 that states cervical spine revealed multilevel degenerative changes, facet arthropathy, moderate bilateral C3-4 and C4-5 foraminal stenosis, C5-6 left foraminal stenosis and C5-6 disc bulge. The MRI (magnetic resonance imaging) of the right shoulder revealed extensive acromioclavicular joint osteoarthritis resulting in marked impingement, extensive supraspinatus tendinosis with multiple full thickness tears and superior labrum tear. Currently, the injured worker complains of severe sharp and stabbing neck pain with radiation to the shoulders and anterior neck, frequent and intense headaches, right shoulder pain, and numbness in the hands. Pain was 10 out of 10 without medication and 7 out of 10 with medication. Meds improved ability to function and with ADL's (activities of daily living). Meds include Fetzima, Latuda, Xanax, Trazodone, Omeprazole, Metformin, Lisinopril, Imitrex, and Topamax. Per the primary physician's progress report (PR-2) on 10-1-15, exam noted significant tenderness and spasm over the cervical paraspinal muscles, facet joints, and range of motion is limited. There is significant tenderness to the upper back muscles. Right shoulder has limited range of motion to 70% of normal limits. The Request for Authorization requested service to include 1 injection of Botox 200 units, Norco 5/325mg quantity 60, and Topamax 50mg quantity 60. The Utilization Review on 10-14-15 denied the request for 1 injection of Botox 200 units, Norco 5/325mg quantity 60, and modified Topamax 50mg quantity 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 injection of Botox 200 units: Upheld

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

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

Decision rationale: According to the guidelines, Botox is recommended for cervical dystonia. It is not recommended for the following: tension-type headache; migraine headache; fibro myositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. In this case, the claimant was getting Imitrex for years for migraine abortment. The use of Botox is not supported by the guidelines for headaches. The claimant was also on numerous medications for pain, depression and sleep. The use of Botox is not medically necessary.

Norco 5/325mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco was given Norco for neck pain and headaches. There was no mention of Tylenol, Tricyclic or NSAID failure. The use of Norco as a 1st line pain medication is not medically necessary.

Topamax 50mg quantity 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Toward Optimized Practice, Guideline for primary care management of headache in adults.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Topiramate (Topamax) for Migraine Prevention, Jane Huntington, M.D., and Carrie L. Yuan, Pharm. D., University of Washington, Harborview Medical Center, Seattle, Washington, Am Fam Physician. 2005 Oct 15; 72(8): 1563-1564.

Decision rationale: According to the guidelines, Topamax has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of “central” etiology. It is still considered for use for neuropathic pain when other anticonvulsants fail. In this case, the Topamax was use for migraine prophylaxis. According to the referenced article, Topamax may

be used for migraine prophylaxis. The claimant had migraines for years. The use of Topamax for prevention is appropriate in order to reduce the need for frequent Imitrex and analgesics.