

Case Number:	CM15-0021488		
Date Assigned:	02/11/2015	Date of Injury:	09/04/2014
Decision Date:	03/20/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/04/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, 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 29 year old male, who sustained an industrial injury on 09/04/2014. The diagnoses have included cervicogenic headaches, cervical pain, cervico-thoracic strain, right upper extremity radiculitis, lumbar strain, piriformis myofascial pain syndrome, right lower extremity radiculitis, and neuralgia induced insomnia. Treatments to date have included physical therapy and medications. Diagnostics to date have included lumbar MRI on 12/15/2014 which showed mild broad based disc bulging through the lower lumbar levels and mild facet arthropathy at the lumbosacral junction. In a progress note dated 01/14/2015, the injured worker presented with complaints of daily migraines triggered by his neck pain, which is exacerbated by all upright activities. The treating physician reported the request for Botox injections to reduce severity and currently daily frequency of cervicogenic migraines. The pain score was rated at 5/10 with medications and 10/10 without medications. The medications listed are Ambien, Lidoderm patch, Norco, Omeprazole and Gabapentin. The UDS on 4/2/2014 was positive for prescribed Norco but negative for gabapentin. Utilization Review determination on 01/27/2015 non-certified the request for Botox Injections; one set of injections into the scalp and cervical muscles every 12 weeks for one year and BCDL Compound Cream (Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 15%, Lidocaine 5%) - unit dose 2g, 1 unit four times daily, quantity 240 grams citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections; one set of injections into the scalp and cervical muscles every 12 weeks for one year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 23, 25. Decision based on Non-MTUS Citation Pain Chapter Botox

Decision rationale: The CA MTUS and the ODG guidelines recommend that Botox injections can be utilized for the treatment of intractable migraine headache that did not respond to conservative treatments with standard preventive and abortive medications. It is recommended that interventional procedures be repeated only when there is documented report of significant pain relief, functional restoration and reduction of medications utilization following a prior procedure. The records indicate that the patient reported significant pain relief with utilization of the current oral medication regimen. There is no documentation of trial and failure of standard migraine headache medications. The UDS report did not show compliance with the use of gabapentin. The guidelines does nor recommended serial injections without documented evidence of efficacy of prior injections. The criteria for Botox injections to scalp and cervical muscles every 12 weeks for 1 year was not met.

BCDL compound cream (baclofen 2%, cyclobenzaprine 2%, diclofenac 15%, lidocaine 5%)- unit dose 2g, 1 unit four times daily, qty 240grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 111-113. Decision based on Non-MTUS Citation Pain Chapter Compound topical analgesics

Decision rationale: The CA MTUS and the ODG guidelines recommend that compound topical analgesics can be utilized for the treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications or second line Lidoderm patch. The records did not show that the patient had subjective and objective findings consistent with a diagnosis of localized neuropathic pain such as CRPS or failure of treatment with oral formulations of first line medications. The guidelines recommend that topical products be tried and evaluated individually for efficacy. The is lack of guideline support for the use of topical formulations of cyclobenzaprine and Baclofen. The patient is utilizing Lidoderm in addition to the lidocaine component of the compound analgesic. The criteria for the use of Baclofen 2%, cyclobenzaprine 2%, diclofenac 15% and lidocaine 5% unit dose 2 g #1 apply four times 240grams was not met.

