

Case Number:	CM15-0215415		
Date Assigned:	11/05/2015	Date of Injury:	03/01/2000
Decision Date:	12/24/2015	UR Denial Date:	10/23/2015
Priority:	Standard	Application Received:	11/02/2015

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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 1, 2000. In a Utilization Review report dated October 23, 2015, the claims administrator failed to approve requests for Botox injections, an associated consultation for the same, and Topamax. The claims administrator referenced an RFA form received on October 12, 2015 in its determination. The applicant's attorney subsequently appealed. On a progress note dated October 8, 2015, the applicant reported worsening headaches. The applicant also expressed concerns that there was possible diabetic neuropathy. The applicant's hemoglobin A1C was 8.6 suggested uncontrolled diabetes, the treating provider acknowledged. The treating provider stated that the applicant had ongoing issues with migraine headaches versus cervicogenic headaches. The treating provider suggested that the applicant had failed to profit from acupuncture, various steroid injections, cognitive behavioral therapy, and myofascial release therapy. The treating provider suggested that the applicant undergo Botox injections for migraine headaches. The applicant's medications included Suboxone, Maxzide, Zestril, Topamax, glyburide, metformin, senna, MiraLax, Lunesta, topical ketamine, Lidoderm patches, and Phenergan, the treating provider acknowledged. The applicant was using a BiPAP device for sleep apnea, the treating provider noted. The applicant had undergone earlier failed cervical spine surgery, treating provider reported. Botox injections and an associated consult were sought. The applicant was asked to employ Topamax at a heightened dosage. The treating

provider stated that he intended to employ Botox injections on a quarterly basis. The applicant was described as "disabled," the treating provider reported in the Social History section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Botox 200 unit Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: No, the request for four (4) Botox injections was not medically necessary, medically appropriate, or indicated here. As noted on page 27 of the MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are deemed "not recommended" for migraine headaches and chronic neck pain, i.e., 2 of the operating diagnoses present here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Botox injections for a proximate body part, the low back, are recommended if employed in conjunction with a functional restoration program, here, however, the applicant was off of work, the treating provider acknowledged on October 8, 2015. The applicant had been deemed disabled and was seemingly receiving both disability benefits and Workers' Compensation indemnity benefits, the treating provider suggested on that date. It did not appear, thus, that the Botox injections at issue were intended for use in conjunction with a program of functional restoration. Therefore, the request is not medically necessary.

1 Consultation For Botox Injections: 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: Similarly, the request for a consultation for Botox injection was likewise not medically necessary, medically appropriate, or indicated here. This was a derivative or companion request, one which accompanied the primary request for quarterly Botox injections above, question #1. Since that request was deemed not medically necessary, the derivative or companion request for an associated consultation to consider Botox injections was likewise not indicated. Therefore, the request is not medically necessary.

1 Topamax 100mg #60 with 2 Refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation U.S. Food and Drug Administration.

Decision rationale: Conversely, the request for Topamax, an anticonvulsant adjuvant medication, was medically necessary, medically appropriate, and indicated here. While page 21 of the MTUS Chronic Pain Medical Treatment Guidelines does address the topic of use of Topamax for neuropathic pain complaints, the MTUS does not address all indications for Topamax. The MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, the treating provider stated on the October 8, 2015 office visit at issue that Topamax was being employed at a heightened dosage for migraine headaches on the grounds that a lower dosage of Topamax had proven ineffectual. The Food and Drug Administration (FDA) does acknowledge that Topamax is indicated for migraine prophylaxis purposes. The heightened dosage of Topamax at issue, thus, was indicated, given the applicant's suboptimal response to a lower dosage of the same. Therefore, the request is medically necessary.