

Case Number:	CM15-0035960		
Date Assigned:	03/24/2015	Date of Injury:	08/25/2003
Decision Date:	05/01/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/25/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female, who sustained an industrial injury on 08/25/2003. She reported lifting a patient with her right elbow up against her hip and the patient collapsed back with all of the patient's weight landing on the injured worker's right arm causing her to experience immediate pain and weakness to the arm and neck tension. The injured worker was diagnosed as having bilateral neurovascular thoracic outlet syndrome, possible left hip synovitis, left knee strain with synovitis, bilateral pectoralis minor syndrome, right cubital syndrome, cervical dystonia, muscle spasms to the neck, upper back, and shoulders, left shoulder rotator cuff and biceps tendinitis with ligamentous laxity, right shoulder extensive labral tear and bicipital tendon tear with status post repair, status post capsular release, re-tear of the labrum with status post repair of superior tear, left thumb dorsoulnar capsular injury with status post metacarpophalangeal joint dorsal capsulodesis, bilateral jaw pain/ temporomandibular joints, and left wrist compensatory de Quervain's tendinitis . Treatment to date has included physical therapy, laboratory studies, acupuncture, medication regimen, Botox injection, above listed procedures, electromyogram, and magnetic resonance imaging. In a progress note dated 01/31/2015 the treating provider reports complaints of numbness and pain to the forearms and hands. The injured worker also had complaints of pain and muscle spasms to the face, neck, upper back, shoulder, and chest along with complaints of migraines with neck spasms. The treating physician requested Botox injection noting that the injured worker had greater than 50% improvement for thoracic outlet syndrome and chronic migraines; the requested medication of Relpax noting use of this medication instead of Treximet for treatment of moderate to severe

migraines and also noting that Treximet has a non-steroidal anti-inflammatory component and the injured worker has a duodenal ulcer; and requested a bed gatch with foam mattress at a queen size noting that the gatch position with arm support is an ideal position for the injured worker due to the thoracic outlet syndrome to avoid compression of the neurovascular bundle while lying down.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injections 300 units: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25 and 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26.

Decision rationale: The patient presents with migraines, low back pain, and radiating pain down bilateral arm. The current request is for Botox injections 300 units. The treating physician states, "The patient has a history of responding well to Botox treatment with consistently greater than 50% subjective and objective improvements. Furthermore, this is the only effective treatment for her TOS/dystonia and chronic migraines, without the need for surgical intervention." (64B) The treating physician goes on to state, "Cervical dystonia, confirmed by EMG on multiple occasions, improves with Botox. (62B) The MTUS guidelines state, "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." Dystonia is a movement disorder in which a person's muscles contract uncontrollably. The contraction causes the affected body part to twist involuntarily, resulting in repetitive movements or abnormal postures. In this case, the treating physician has documented that dystonia is evident and the patient obtains significant relief with Botox injections. The current request is medically necessary and the recommendation is for authorization.

Relpax (dosage & quantity unspecified): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Head Triptan.

Decision rationale: The patient presents with migraines, low back pain, and radiating pain down bilateral arm. The current request is for Relpax (dosage and quantity unspecified). The treating physician states, "Recommended Relpax (triptan) instead of Treximet (triptan with NSAID) to abort her moderate-to-severe migraines. Patient has duodenal ulcer and should avoid NSAIDs." (65B) The ODG guidelines state, "Recommended for migraine sufferers." In this case, the

treating physician has documented that the patient suffers from migraines and gets 1-2 a day. While the patient may benefit from this medication, the dosage and quantity are not specified making this request invalid as the MTUS guidelines require ongoing monitoring of medications and documentation of pain relief and functional improvement. Recommendation is for denial. The request is not medically necessary.

Queen Size Bed to match with foam mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Mattress Selection.

Decision rationale: The patient presents with migraines, low back pain, and radiating pain down bilateral arm. The current request is for Queen Size Bed to match with foam mattress. The treating physician states, "█████ recommended bed with foam mattress because of pain and extended periods in bed and due to loss of pulse with most positions. The position and with arms supported with pillows is the optimal position for this patient with neurovascular TOS, to help avoid compression of the neurovascular bundle while lying down. Patient has tried to achieve this position with multiple pillows and cushions but it is not as effective as a bed that can be put in the correct position." (66B) The ODG guidelines state, "There are no high quality studies to support purchase of any type of specialized mattress or bedding as a treatment for low back pain." In this case, the treating physician has requested a specialized mattress for the patient's TOS which guidelines do not support. The current request is not medically necessary and the recommendation is for denial.