

Case Number:	CM15-0048116		
Date Assigned:	03/20/2015	Date of Injury:	05/06/2014
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/13/2015

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: Pennsylvania
 Certification(s)/Specialty: Internal 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 injured worker is a 34 year-old female who has reported head, neck, and back pain after falling from a chair on May 6, 2014. She has been diagnosed with post traumatic headaches, depressive disorder, migraines, post concussive syndrome, vertigo, and concussion. Treatment to date has included Botox injections, medications, and physical therapy. Treatment reports from the primary treating physician during 2014 to 2015 reflect ongoing headache, neck pain, and visual symptoms. None of the reports address the results or indications for any prior treatment other than Botox. Work status was consistently temporarily totally disabled. Reports refer to completed visits in physical therapy, with no discussion of the number of visits or results of physical therapy. Per the PR2 of October 16, 2014, there was continued pain. 12-18 visits of physical therapy were prescribed. The work status on 11/18/14 was temporarily totally disabled. Per the PR2 of 1/20/15, there was ongoing neck and head pain. There was a return of cramping, spasm, and nearly daily headache. The last Botox was in August with significant pain relief. The treatment plan included refills of Ultram, Zanaflex, Cambia; a new Rx for Relpax, repeat Botox injections, cervical physical therapy, acupuncture x 6, and temporarily totally disabled work status. Per the PR2 of 3/3/15, there was ongoing head pain. There was no discussion of the results or indications for any prior treatment. The treatment plan included refills of Ultram, Zanaflex, and Relpax; continued physical therapy, Botox for chronic migraine, testing for pain psychology, and temporarily totally disabled work status. On 3/12/15 Utilization Review non-certified Botox, physical therapy, acupuncture, and Cambia. Note was made of the lack of indications for Botox per the MTUS, lack of indications for additional physical therapy, lack of

indications for acupuncture, and the lack of indications for a nonsteroidal anti-inflammatory agent (NSAID). The MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Botox Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head chapter, botulinum toxin for chronic migraine.

Decision rationale: The MTUS does not recommend botulinum toxin for most chronic pain conditions. This injured worker does not have cervical dystonia or chronic low back pain in the context of a functional restoration program, the only conditions for which botulinum toxin might be indicated. The treating physician has referred to a prior Botox injection that had some degree of pain relief. If the treating physician were to provide detailed information regarding specific symptomatic and functional benefit after that injection, it is possible that this injured worker might be an exception to the guidelines. However, that kind of information was not presented. The MTUS states that botox is not recommended for migraine headaches and notes that it is probably ineffective in episodic migraine and chronic tension-type headache. The documentation indicates that botox was used for chronic migraines, and that it provided significant pain relief. No other details about botox treatment were discussed. The ODG outlines very specific criteria for use of botulinum toxin (Botox) for chronic migraine headaches, including documentation of more than 15 days per month with headaches lasting 4 hours a day or longer and no response to at least three prior first line migraine headache prophylactic medications, with continuing treatment for ongoing prevention if additional specific criteria are met. None of these criteria were documented for this injured worker. Botulinum toxin is not medically necessary based on lack of medical necessity and the MTUS and ODG guidelines.

Physical Therapy x12 visits Cervical Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, functional improvement., Physical Medicine Page(s): 9,98-99.

Decision rationale: Per the MTUS, Chronic Pain section, functional improvement is the goal rather than the elimination of pain. The maximum recommended quantity of Physical Medicine visits is 10, with progression to home exercise. The treating physician has not stated a purpose for the current physical therapy prescription. It is not clear what is intended to be accomplished with this physical therapy, given that it will not cure the pain and there are no other goals of

therapy. The current physical therapy prescription exceeds the quantity recommended in the MTUS. The injured worker has already completed some number of physical therapy visits. The quantity of those visits was not described. The results of physical therapy were not discussed. No medical reports identify specific functional deficits, or functional expectations for further Physical Medicine. The Physical Medicine prescription is not sufficiently specific, and does not adequately focus on functional improvement. There is no evidence of functional improvement from the physical therapy already completed. Total disability work status implies a complete lack of functional improvement. Temporarily totally disabled status is not an appropriate baseline for initiation of a physical therapy program emphasizing functional improvement. Additional Physical Medicine is not medically necessary based on the MTUS, lack of sufficient emphasis on functional improvement, and the failure of Physical Medicine to date to result in functional improvement as defined in the MTUS.

Acupuncture x 6 visits cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The prescription for acupuncture is evaluated in light of the MTUS recommendations for acupuncture. Per the MTUS, acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. The treating physician has not provided the specific indications for acupuncture as listed in the MTUS. There is no discussion of issues with pain medications, or functional recovery in conjunction with surgery and physical rehabilitation. Given that the focus of acupuncture is functional improvement, function (including work status or equivalent) must be addressed as a starting point for therapy and as a measure of progress. As discussed in the MTUS, chronic pain section, the goal of all treatment for chronic pain is functional improvement, in part because chronic pain cannot be cured. Temporarily totally disabled work status is evidence of a lack of focus on functional improvement. An initial course of acupuncture is not medically necessary based on the lack of specific indications per the MTUS and the lack of any functional restoration approach for acupuncture.

Cambia 50mg pack #9: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70. Decision based on Non-MTUS Citation UpToDate, Acute treatment of migraine in adults. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

Decision rationale: The available records do not contain a rationale for prescribing Cambia. This injured worker has chronic headache and neck pain, among other symptoms. Cambia, a form of diclofenac, is promoted as a treatment of migraine. The treating physician has not stated this as an indication but migraine headaches have been mentioned. NSAIDs may be used for flare-ups of chronic pain as well as migraine headaches. The UpToDate reference above notes that NSAIDs may be used as a first line treatment for migraine. Given the report of migraine headaches as well as the persistent pain, an NSAID may be a viable treatment option. A trial of Cambia is medically necessary to treat these conditions. The quantity prescribed is relatively small and any continued prescribing would be contingent upon specific symptomatic and functional benefit. The Utilization Review is overturned as the Utilization Review did not discuss the use of Cambia for the indications present in this injured worker, such as migraine, acute treatment of migraine in adults. The requested treatment is medically necessary.