MAXIMUS Federal Services

| Case Number: | CM15-0053045 | | |
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| Date Assigned: | 03/26/2015 | Date of Injury: | 02/07/2013 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 03/10/2015 |
| Priority: | Standard | Application Received: | 03/20/2015 |

## 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, Arizona
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 45-year-old male who reported injury on 02/07/2013. The mechanism of injury was not provided. The injured worker underwent an MRI of the cervical spine on 03/20/2014. The injured worker underwent electrodiagnostic studies of the upper extremities. There was a Request for Authorization submitted for review dated 02/24/2015. The documentation of 02/24/2015 revealed the injured worker had cervical myofascial tension with muscle spasms and trigger points in the cervical muscles, occipital muscles, trapezius, and levator scapula. The injured worker underwent a surgical intervention for the right shoulder including a labral tear and Bankart repair on 08/23/2013. The injured worker was noted to have chronic migraine headaches lasting over 3 months and occurring more than 15 days per month. The injured worker was noted to have depression and moderate to severe anxiety associated with chronic pain and a sleep disorder associated with chronic pain. Gabapentin reduced neuralgia. The injured worker indicated the migraine headaches related to the neck and shoulders persist and prophylactic Botox scalp injections would be requested. The documentation indicated the injured worker experienced a significant reduction in neuralgia when the dose of gabapentin was increased to 900 mg. Ritalin increased daytime alertness; however, it caused increased jitteriness. As such, Adderall salts would be prescribed at 10 mg twice a day. Physical therapy for the cervical spine would be requested for 6 sessions to reduce neck and right upper extremity pain. The injured worker was noted to sleep 6 hours at night with 6 interruptions due to pain and 30 minutes to induce. The injured worker had photophobia with headaches. The injured worker had aggravated facet pain in the lower cervical spine. Pressure on the neck at the right C7

region provoked mild paresthesia in the right C8 dermatome. The treatment plan included increased activities of daily living after analgesic control has improved. Additionally the recommended treatment included increased exercise to increase core strength and mobility once analgesics had improved pain.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Addarall Salts 10mg 1 unit twice daily PRN Qty: 60 units Refills: 0:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/adderall.html.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

**Decision rationale:** Per drugs.com, Adderall is used to treat narcolepsy and attention deficit hyperactivity disorder (ADHD). The clinical documentation submitted for review indicated the injured worker had been treated with Ritalin which had increased daytime alertness; however, it had caused increased jitteriness and that clinical the injured worker would utilize Adderall salts to increase daytime alertness. However, there is a lack of documentation indicating the injured worker had difficulty staying awake including observations and subjective complaints. Given the above, the request for Adderall Salts 10mg 1 unit twice daily PRN Qty: 60 units Refills: 0 is not medically necessary.

**Physical therapy 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine for up to 10 sessions for myalgia and myositis. The clinical documentation submitted for review failed to indicate the injured worker had objective findings upon physical examination to support the necessity for physical medicine treatment. The injured worker had previously undergone physical medicine treatment, and there was a lack of documentation of objective functional benefit and the quantity of sessions that were previously attended. The request as submitted failed to indicate the body part to be treated. Given the above, the request for Physical therapy 6 sessions is not medically necessary.

**Pneumatic cervical traction device for home use:** 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), Neck and upper back Procedure summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Traction (mechanical)).

**Decision rationale:** The Official Disability Guidelines recommend home cervical injured worker controlled traction for injured workers with radicular symptoms in conjunction with a home exercise program. The clinical documentation submitted for review indicated the injured worker was recommended to utilize home exercise and this request would be supported. However, the request as submitted failed to indicate whether the unit was for rental or purchase. Given the above and the lack of documentation, the request for Pneumatic cervical traction device for home use is not medically necessary.

**Prophylactic Botox injections every 12 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25 and 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head procedure summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Botulinum toxin for chronic migraine and Other Medical Treatment Guidelines FDA.gov.

**Decision rationale:** The California Chronic Pain Medical Treatment Guidelines do not specifically indicate that Botox is recommended for migraine headaches. However, this treatment has recently been approved per the FDA. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that, in order for the injured worker to be treated with Botox, an initial 12 week trial is appropriate if the injured worker has been diagnosed with chronic migraines and they last more than 15 days per month, with headaches lasting 4 hours a day or longer. There should be documentation the headaches have not responded to at least 3 of the first line migraine headache prophylaxis medications including amitriptyline and beta blockers. The clinical documentation submitted for review indicated the injured worker had headaches more than 15 days per month. However, there was a lack of documentation indicating the injured worker had headaches that lasted 4 hours a day or longer, and there was a lack of documentation indicating the injured worker had tried 3 first line migraine headache medications. Additionally, the request as submitted failed to indicate the quantity of Botox injections, the specific units for the Botox injections, and the placement for the Botox injections. Given the above, the request for Prophylactic Botox injections every 12 weeks is not medically necessary.