

Case Number:	CM15-0125930		
Date Assigned:	07/16/2015	Date of Injury:	06/27/2014
Decision Date:	09/09/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	06/30/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 47 year old male, who sustained an industrial injury on 6/27/14. He reported being struck in the head and left shoulder by a 25 pound rock; he fell to the ground and felt dizzy, weak and shaky. The injured worker was diagnosed as having cervical facet arthropathy, cervicogenic headache, close head injury, left shoulder pain, left impingement and adhesive capsulitis. Treatment to date has included physical therapy, acupuncture, oral medications including Norco, Gabapentin, Neurontin, Baclofen, amitriptyline, Ibuprofen, Motrin and Tylenol, cervical median branch block, home exercise program and activity restrictions. Currently on June 16, 2015, the injured worker complains of worsened neck pain with stomach pain and lower gastrointestinal bleeding and it was recommended to stop indomethacin, he also complains of cervical-left upper extremity pain, weakness and paresthesias with increased sensitivity to light with severe headache and difficulty with lifting-pushing-pulling and difficulty with gripping, gasping and repetitive motions with pain in left forearm. His current work status is temporarily modified. On 5/29/15 he rated his pain as 8/10. Physical exam performed on 6/16/15 noted severe tenderness to palpation with spasm and restricted range of motion of cervical area and tenderness to palpation of left elbow. The treatment plan included continuation of Topamax and Nortriptyline and discontinuation of Indomethacin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection for headaches: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175, Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter (Online Version).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Botulinum toxin (Botox).

Decision rationale: According to the CA MTUS and ODG guidelines, Botulinum toxin (Botox) is not recommended for most chronic pain disorders. It is not recommended for "tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome and trigger point injections." It is recommended for cervical dystonia, urinary incontinence following spinal cord injury, spasticity following traumatic brain injury, and for prevention of headache in patients with chronic migraines. Chronic migraine is defined as having a history of migraine and experiencing a headache on most days of the month. Cervical dystonia is a condition that is not generally related to workers' compensation injuries (also known as spasmodic torticollis), and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. In this case, there is documentation of a severe headache with sensitivity to light. The injured worker had a diagnosis of cervicogenic headaches, however; the documentation submitted did not include a diagnosis which would indicate the use or need for Botox. There is not enough documentation to support the need for Botox injections. Medical necessity for Botox has not been established. The requested injection for headaches is not medically necessary.

Topamax 25mg #120 plust 5 refills (Prescribed 5/29/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-17, 21.

Decision rationale: Topiramate (Topamax) is an anti-epilepsy drug which has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is considered for use for neuropathic pain when other anticonvulsants fail. The injured worker has previously received Gabapentin, however the documentation did not note if this medication had provided relief. The injured worker stated increased sensitivity to light and a severe headache on 6/16/15 after initiation of Topamax therapy. Medical necessity for this requested medication has not been established. The request for Topamax is not medically necessary.

Indocin 25mg #60 plus 5 refills (Prescribed 5/29/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS gastrointestinal symptoms and Indomethacin Page(s): 67-72.

Decision rationale: Indocin (Indomethacin) is a non-selective non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. CA MTUS guidelines note the usual length of therapy is 7-14 days. In this case, the patient had prior use of on NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. It is also noted the injured experienced gastrointestinal pain and rectal bleeding with use of this medication and discontinuation was recommended. Medical necessity of the requested medication has not been established. The request for Indocin is not medically necessary.

Nortriptyline 25mg #30 plus 5 refills (Prescribed 5/29/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 24, 80.

Decision rationale: According to CA MTUS, antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclic antidepressants, such as Nortriptyline, are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. In addition, recent reviews recommended tricyclic antidepressants as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. Indications in controlled trials have shown effectiveness in treating central post-stroke pain, post-herpetic neuralgia, painful diabetic and non-diabetic polyneuropathy, and post-mastectomy pain. Tricyclics are contraindicated in patients with cardiac conduction disturbances and/or decompensation (they can produce heart block and arrhythmias) as well as for those patients with epilepsy. For patients > 40 years old, a screening ECG is recommended prior to initiation of therapy. In this case, the patient has chronic upper and low back pain, left shoulder and left knee pain, chronic neck pain and cervicogenic headaches. Nortriptyline is being requested for headache pain. The patient has had prior use of Nortriptyline; however, there is no documentation of objective functional improvement as a result of this medication. There is no documentation of medical need to continue the

Nortriptyline. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.