

<b>Case Number:</b>	CM15-0061516		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	08/21/1998
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 41-year-old female, with a reported date of injury of 08/21/1998. The diagnoses include reflex sympathetic dystrophy syndrome or the right upper extremity, cervical degenerative disc disease, cervical postlaminectomy syndrome, cervical facet arthropathy, migraine headaches, low back pain, and sciatica. Treatments to date have included two cervical spine surgeries, epidural steroid injections, physical therapy, chiropractic treatment, and oral medications. The medical report dated 03/17/2015 indicates that the injured worker stated that her pain was constant, and rated the pain 7 out of 10. She sustained injuries to her neck, head, right shoulder, right arm, right leg, and low back. She also had headaches 1-2 times per week. The physical examination showed a slow and antalgic gait, inability to do heel/toe walking, decreased neck range of motion, positive right cervical facet loading, decreased right shoulder range of motion, and positive lumbar facet loading test. The treating physician requested three Botox injections for migraines, and Soma 350mg #30 with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**3 Botox for migraines:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botox injections Page(s): 26.

**Decision rationale:** According to the guidelines, Botox is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. In this case, the claimant was on a triptan medication which is considered 1st line for migraines. In additionn, the response to 1 Botox injection is unknown before applying 3 injections. The request for 3 Botox is not medically necessary.

**Soma #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carsiprodolol Page(s): 29.

**Decision rationale:** According to the MTUS guidelines, SOMA is not recommended. Soma is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Abuse has been noted for sedative and relaxant effects. As a combination with hydrocodone, an effect that some abusers claim is similar to heroin. In this case, it was c prescribed for several months increasing the abuse potential. The request for SOMA as above is not medically necessary.