MAXIMUS Federal Services

Case Number:	CM15-0070438		
Date Assigned:	04/20/2015	Date of Injury:	07/31/2007
Decision Date:	05/18/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/14/2015

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
Certification(s)/Specialty: Preventive Medicine, Occupational 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 49 year old female who sustained an industrial injury on 07/31/2007. Diagnoses include sprain/strain of the knee/leg, thoracic/lumbar neuritis, radiculitis, chondromalacia patella, cervical spondylosis with myelopathy, spondylosis with myelopathy-lumbar, and sprain/strain lumbar region. Treatment to date has included diagnostic studies, medications, physical therapy, massage therapy, Transcutaneous Electrical Nerve Stimulation Unit, exercises, and cervical medial branch blocks. A physician progress note dated 04/02/2015 documents the injured worker complains of pain in the cervico-thoracic spine in the paravertebral musculature bilaterally. Pain is rated at is least 5 out of 10 and at its worst 6 out of 10. She has pain in the bilateral shoulders primarily over the anterior aspect of the shoulder and secondarily in eh subacromial area left greater than right, which radiates down to the deltoid insertion, left greater than right. Her least amount of pain is rated 4 out of 10, and the worst pain is 6 out of 10. Her lumbar spine is painful and pain radiates into the superior buttocks and laterally to the iliolumbar area. Pain is rated as a 4-6 out of 10. She has pain in her bilateral hips rated as a 3-5 out of 10. The injured worker has pain in her bilateral knees and left ankle and pain is 3-5 out of 10. The cervical spine symptoms persist and are significant with myofascial pain syndrome. Treatment requested is for Injection Botox 100 Unit, cervical spine and Topamax 25 MG, 1 Tab twice A day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection Botox 100 Unit, Cervical Spine: Upheld

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

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

Decision rationale: Guidelines do not support the use of Botox injections for chronic myofascial pain with or without associated muscle spasm. There is a very narrow and rare diagnosis of torticollis for which Botox is supported, but this individual does not meet criteria for this diagnosis. There are no unusual circumstances to justify an exception to Guidelines. The Botox 100u cervical spine is not supported by Guidelines and is not medically necessary.

Topamax 25 MG, 1 Tab Twice A day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topomax Page(s): 21.

Decision rationale: This individual has some characteristics of a neuropathic pain syndrome and many physicians feel that all chronic pain eventually has neuropathic characteristics over time. This class of drugs is considered reasonable to try, however this particular drug is considered 2nd line and Guidelines state that 1st line drugs should be trialed first. There is no evidence of prior adequate trials of 1st line anti-epilepsy drugs which are recommended in Guidelines. Under these circumstances, Guidelines do not support the Topamax 25mg. twice a day, it is not medically necessary.