

Case Number:	CM15-0090630		
Date Assigned:	05/14/2015	Date of Injury:	08/01/2002
Decision Date:	07/08/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/11/2015

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, Ohio, California
 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:

This 63-year-old female sustained an industrial injury on 8/1/02. She subsequently reported multiple areas of pain. Diagnoses include cervicalgia, degenerative disc disease and post laminectomy syndrome. Treatments to date include x-ray and MRI testing, injections and prescription pain medications. The injured worker continues to experience neck, shoulder and low back pain and to the lower extremities. On examination, there was paracervical tenderness with decreased motion due to pain, pain over C2 transverse process, lumbar tenderness pain with extension, 4 plus tenderness over sciatic notch, 4 /5 strength bilaterally. The treating physician made a request for Oxycodone, Rizatriptan, and Botox injection, 1 Botox injection 150 unites.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management, When to continue/discontinue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

Rizatriptan 10mg #20 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head (Trauma, headaches, etc., not including stress & mental disorders).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head/Triptans.

Decision rationale: ODG recommends all triptans at FDA recommended dosages since this drug class has been demonstrated to be effective for migraine treatment. A prior physician review supported the use of this medication but non-certified the request due to the request for refills. The records document that the requested treatment is a stable, long-term, effective and well-tolerated treatment. Therefore, the requested 3-month supply is medically necessary.

1 Botox injection 150 units: 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 Botulinum Toxin Page(s): 25-26.

Decision rationale: MTUS recommends the use of Botox for cervical dystonia (not generally a work related to condition) but not for chronic pain disorders. The records and guidelines do not support this request. MTUS specifically does not recommend Botox for migraine headaches; this would be particularly applicable given the reported effectiveness of Rizatriptan in this case. For these multiple reasons, this request is not medically necessary.

1 Botox injection: 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 Botulinum Toxin Page(s): 25-26.

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