

<b>Case Number:</b>	CM15-0095246		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	09/27/1999
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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 was a 66 year old female, who sustained an industrial injury, September 27, 1999. The injured worker previously received the following treatments Botox injections every three months for headache treatments, bupropion XL, duloxetine, Tizanidine, Cambia, Ondansetron, Alprazolam, Atenolol, Furosemide, Pantoprazole, Cyclobenzaprine, Percocet, Cymbalta, Wellbutrin, Morphine sulfate ER and random toxicology laboratory studies negative for any unexpected findings. The injured worker was diagnosed with chronic migraine without aura, posttraumatic head syndrome, chronic post-traumatic migraine attributed to mild head injury, history of pre-existing migraine with aura, hypertension, cervical disc disorder, depressive disorder and hypothyroidism. According to progress note of April 16, 2015, the injured workers chief complaint was constipation, rapid weight gain and depression which remained a problem. The physical exam was negative for any findings, except for bilateral ankle edema. The treating physician increased the Lasix and levothyroxine. The constipation was from opiate use, the injured worker was using Polyethylene Glycol for this. The treatment plan included for 100 units of Botox every 12 weeks over the course of the next 6 months, Polyethylene Glycol and Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox, 100 units every 12 weeks over the course of the next 6 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 25-26.

**Decision rationale:** The MTUS does not generally recommended botox for chronic pain disorders. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. The patient has had a series of Botox injections in the past year and reported only minor improvement in pain levels. Botox, 100 units every 12 weeks over the course of the next 6 months is not medically necessary.

**Polyethylene glycol 17g 2 times daily (1 bottle):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26, Page 77.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines makes provision for the prophylactic treatment of constipation secondary to chronic opiate use. The patient is currently taking opiates. I am reversing the previous utilization decision. Polyethylene glycol 17g 2 times daily (1 bottle) is medically necessary.

**Tizanidine 2mg, #90:** 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), Treatment Index, Muscle relaxants (for pain), page 63; ODG, Tizanidine (Zanaflex, generic available), page 66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

**Decision rationale:** Tizanidine is a drug that is used as a muscle relaxant. The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. The patient has been taking the muscle relaxant for an extended period of time. Tizanidine 2mg, #90 is not medically necessary.