

<b>Case Number:</b>	CM14-0172957		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	03/20/2000
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Massachusetts. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 claimant has a history of a work injury occurring on 03/20/00 and continues to be treated for neck pain, cervicogenic headaches, right upper extremity CRPS, and low back pain with radicular symptoms. She was seen on 02/25/14. A CT scan of the lumbar spine in December 2009 showed findings of an L4-5 disc protrusion with multilevel facet arthropathy. She was using a spinal cord stimulator with 40% pain relief. Pain was rated at 6/10. She was requesting trigger point injections referenced as providing 50% pain relief lasting for three weeks. Physical examination findings included appearing in mild distress. There was cervical paraspinal and suboccipital tenderness with multiple posterior cervical, upper trapezius, and medial scapular trigger points. She had decreased range of motion. There was right elbow tenderness with decreased range of motion and hypersensitivity with positive Tinel's and Finkelstein testing. She had lumbar spine tenderness with an antalgic gait and was using a cane and CAM boot. She had decreased lower extremity sensation and positive straight leg raising. Medications were refilled. She was continued at total disability. Four trigger point injections were performed using bupivacaine with more than 50% pain relief and increased range of motion reported afterwards. On 7/07/14 she was having ongoing symptoms. Botox injections in had decreased her migraines. She was continuing to be treated for depression. Physical examination findings included appearing in mild distress. She had multiple cervical, upper trapezius, and scapular trigger points with decreased range of motion. Physical examination findings appear unchanged. Medications were refilled. Trigger point injections were repeated. On 09/17/14 she was having ongoing symptoms. Pain was rated at 6/10. She was again requesting trigger point injections. She had undergone occipital spinal cord stimulator placement. Physical examination findings appear unchanged. Her spinal cord stimulator was reprogrammed. The trigger point injections were repeated with the same reported effect afterwards. MS Contin 15 mg 1-2 per day, Norco 10/325

mg 3-4 times per day, Prilosec 20 mg, Lunesta 3 mg, Imitrex 100 mg, Fexmid 7.5 mg two times per day as needed, Prozac 20 mg 1-2 per day, Trazodone 150 mg, and Colace 200-400 mg per day were prescribed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Relpax #10:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA: Relpax Prescribing Information

**Decision rationale:** The claimant is more than 10 years status post work-related injury and continues to be treated for headaches. Headache treatments have included Botox injections, trigger point injections, and medications. According to the prescribing information, Relpax is indicated for the acute treatment of migraine with or without aura in adults with a maximum recommended dose of 40 mg. Use is recommended only after a clear diagnosis of migraine has been established. In this case, the claimant is being treated for cervicogenic headaches and there is no clear diagnosis of migraines. Therefore, Relpax is not medically necessary.