

Case Number:	CM13-0039274		
Date Assigned:	12/18/2013	Date of Injury:	06/28/2005
Decision Date:	05/16/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/04/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in California. 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 is a 63 year old man who sustained a work related injury on June 28 2005. The patient developed a chronic headache treated with sumatriptan and other pain medications. His MRI showed ischemic changes and encephalomalacia. The provider requested prescription of 1 Month Supply of 100 Units Botox Injections, two times a day for Chronic Daily Headaches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MONTH SUPPLY OF 100 UNITS BOTOX INJECTIONS, TWICE A DAY FOR CHRONIC DAILY HEADACHES: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th ed. McGraw Hill. 2006.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. It is not recommended for migraine headache, tension headache, chronic neck pain, trigger point injection, and myofascial pain. Therefore, 1 month supply of 100 units Botox

injections, twice times a day for chronic daily headaches is not medically necessary and appropriate.