

Case Number:	CM13-0044135		
Date Assigned:	12/27/2013	Date of Injury:	07/09/2011
Decision Date:	05/23/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/28/2013

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 Physical Medicine and Rehabilitation 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 injured worker is a 40-year-old male who reported an injury on 07/09/2011. The mechanism of injury was a fall from 35 feet. Per clinical note dated 09/16/2013, the injured worker presented to the office with complaints of chronic daily headaches. The injured worker reported that he gets sharp, intense pain generally in the area of the frontal regions of his head. Previously, the occipital nerve blocks gave him transient relief, but not sustained relief. Medication listed was gabapentin 200 mg 3 times a day. The injured worker was noted to have mildly slurred speech, with no abnormal involuntary movements. He used a Controlled Ankle Motion (CAM) walker to ambulate. Overall assessment documented by the physician stated that the injured worker had a combination of episodic migraine with chronic daily headaches. The injured worker has had headaches greater than 15 days a month, lasting more than 4 hours, and unresponsive to other medications. The physician noted because of the other medications and the use of Provigil to keep him alert, any additional medication can cause increased and potentially dangerous sedation. Treatment plan was discussed for Botox therapy. This would include 100 units of Botox in the first session and then 100 units in the second sessions. Clinical note dated 09/09/2013 noted a diagnosis of fracture of the talus, fracture of the calcaneus, status post open reduction and internal fixation of the right calcaneus. No changes noted in the documentation for the complaints of the headaches/migraines. The documentation provided for review did not include the DWC Form Request for Authorization for the request for the Botox therapy or the rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX THERAPY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines.

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

Decision rationale: The California MTUS Guidelines state Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Several recent studies have found on statistical support of the use of botulinum toxin A for any of the following. The evidence is mixed for migraine headaches. Botulinum neurotoxin is probably ineffective in episodic migraines and chronic tension-type headache. The documentation submitted for review did not include a diagnosis of cervical dystonia. Therefore, the request for the Botox injections do not meet with the guidelines set forth by the California MTUS. In addition, the request for the Botox did not include dosage or area to be injected. Therefore, the request for the Botox therapy is not medically necessary and appropriate.