

Case Number:	CM13-0051145		
Date Assigned:	12/27/2013	Date of Injury:	11/06/2009
Decision Date:	08/29/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/21/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 54 year old female who was injured on 11/06/09 when she slipped on a wet floor and fell, impacting the left side of her face and skull. The injured worker is diagnosed with Traumatic Brain Injury (TBI) and post-traumatic migraines. The injured worker has been treated with Nortiptyline and Relpax which are noted to be helpful. Clinical note dated 09/26/13 states the injured worker's pain is rated at an 8-10/10. The treating physician recommended referring the injured worker for a botox injection to treat migraines. Utilization review dated 10/17/13 denies this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTIONS FOR MIGRAINES: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BOTOX Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Botulinum toxin for chronic migraine section.

Decision rationale: California Medical Treatment Utilization Schedule does not recommend the use of Botox for the use of migraines; however California chronic pain medical treatment guidelines have not been updated since 2009. Current Official Disability Guidelines recommendations are based upon more recent evidence and support the use of an initial 12 week trial of Botulinum toxin for chronic migraine when migraines occur more than 15 days per month and the patient has failed to adequately respond to at least three prior first line headache prophylaxis medications. Records indicate Imitrex, Relpax and Nortriptyline have been prescribed in an attempt to relieve the patient's migraines. Records reveal the patient's migraines are constant and occur on a weekly basis. Migraines are accompanied by nausea and vomiting and have resulted in a whole-person disability rating of 10%. Based on the clinical information provided, the request for Botox injections for migraines is established as medically appropriate.