

Case Number:	CM13-0061470		
Date Assigned:	12/30/2013	Date of Injury:	02/04/2000
Decision Date:	05/08/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/05/2013

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 Florida. 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 57-year-old female who reported an injury on 02/04/2000 after a trip and fall that reportedly caused injury to the right side of her face and jaw. The injured worker reportedly developed migraine headaches as result of her injury. The injured worker was evaluated on 11/06/2013 due to continuous complaints of pain to the jaw and persistent bifrontal throbbing headaches. The injured worker's treatment history included Imitrex nasal spray, exercises, physical therapy, massage therapy, behavioral interventions, and trigger point injections. Physical findings included limited cervical range of motion and multiple trigger points in the temporalis, masseter, splenius capitis, and trapezius. The injured worker's diagnoses included chronic migraines, myofascial pain, temporomandibular capsulitis, and cervical spine radiculitis or facet arthropathy. The injured worker's treatment plan included continuation of Imitrex, a botulinum toxin injection for migraine headache control, and an MRI of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT BOTOX INJECTIONS FOR MIGRAINES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox; Myobloc).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox®; Myobloc®) Page(s): 26.

Decision rationale: The requested outpatient Botox injections for migraines are not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not support the use of Botox injections in the management of chronic pain or migraine headaches, as there is little scientific data to support the efficacy and safety of this treatment. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested Botox injections for migraines are not medically necessary or appropriate.