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| Case Number: | CM14-0002122 | | |
| Date Assigned: | 01/24/2014 | Date of Injury: | 05/13/2013 |
| Decision Date: | 06/11/2014 | UR Denial Date: | 12/23/2013 |
| Priority: | Standard | Application Received: | 01/07/2014 |

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 Anesthesiology, 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:

This patient is a 23-year-old employee of [REDACTED] with a 5/13/13 date of injury. The patient was closing a rolled down door, and the door rolled on fast and struck her on the head. She experienced immediate pain in the head with neck and back pain. An 11/22/13 progress report indicates intermittent neck pain wound at the lateral shoulders, continued headaches, and constant low back pain radiating down the lower extremities. A neurologist consult recommended Botox injections and medication for management of migraine headaches. Physical exam demonstrates lumbar tenderness, positive straight leg raise test, cervical tenderness, and positive shoulder depression test. The patient takes Topiramate and Benadryl for headaches. A pain management consult was considered, but not completed. Treatment to date has included acupuncture, exercise programs, and medication. A 1/8/14 progress report indicates several migraine headaches with associated right leg numbness. She awakens at night now with a migraine headache.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTION FOR MIGRAINE HEADACHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BOTULINUM TOXIN (BOTOX) Page(s): 25-26.

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

Decision rationale: The MTUS Chronic Pain Guidelines states that Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Despite recent FDA approval for the treatment of recalcitrant migraine headaches, the MTUS Chronic Pain Guidelines explicitly states that Botox is not recommended for migraine headaches. There is no evidence that lower levels of care were exhausted, and the patient's complaints have partially responded to acupuncture and medication. There is no discussion as to why the patient's migraines could not be managed conservatively. Therefore, the request is not medically necessary and appropriate.