

Case Number:	CM14-0010336		
Date Assigned:	04/09/2014	Date of Injury:	09/18/1997
Decision Date:	06/30/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 patient is a 51 year old male who sustained an injury on 09/18/1997. The mechanism of injury is unknown. Prior treatment history has included botulinum toxin A (Botox) injection on 10/10/2013. Supplemental report dated 10/11/2013 states the patient continues to have some dizziness which he describes more as lightheadedness, imbalance, and possibly vertigo. He attempted reducing his amitriptyline, which was thought to be a possible drug-induced dizziness, but he was unable to tolerate the lower dose and was therefore increased back to 100 mg per day. The patient is diagnosed with intractable headaches. He was scheduled for a repeat injection on 01/02/2014. Prior UR dated 01/10/2014 states quarterly Botox injections are not recommended for tension-type headache or migraine headache. There are no clinical findings to support this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

QUARTERLY BOTOX INJECTIONS, 200 UNITS FOR MIGRAINE HEADACHES:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 26

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

Decision rationale: As per CA MTUS guidelines, Botox (Botulinum toxin) is not generally recommended for chronic pain disorders, but recommended for cervical dystonia: "Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections". Accordingly, the Quarterly Botox Injections, 200 units for Migraine Headaches is not medically necessary.