

Case Number:	CM14-0146905		
Date Assigned:	09/12/2014	Date of Injury:	08/15/2010
Decision Date:	11/17/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/10/2014

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 Neurology, 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:

8/18/14 note indicates pain in the back and neck. The insured is reporting daily headaches. They last from 30 minutes to 1 hour occurring 2-3 per day and localizes to the right occipital region. The insured had right knee arthroplasty. There is continued pain along the joint line. Examination notes restricted range of motion in the lumbar and cervical spine. There is paravertebral muscle spasm and tenderness. Reflexes are symmetric and equal. SPR is positive and heel and toe walk are normal. Wadell's sign is negative. There is normal muscle tone, strength. There is right foot tenderness with no swelling noted. The headaches are reported to have failed many medications including opioids, antineuropathic agents, muscle relaxants and central alpha 2 agonists. The treating physician requested botox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection times 155 units: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head, botox

Decision rationale: ODG supports the FDA approved onabotulinumtoxinA (Botox; Allergan Inc.) for headache prophylaxis in patients with adult chronic migraine who suffer headaches on 15 or more days per month, each lasting more than 4 hours. To treat chronic migraine, onabotulinumtoxinA is given approximately every 12 weeks as multiple injections around the head and neck to try to dull future headache symptoms. It has not been shown to work for the treatment of episodic migraine headaches that occur 14 days or fewer per month, or for other forms of headache. The medical records provided for review report chronic daily headache but does not describe the headaches as lasting more than 4 hours at a time or describe/demonstrate physical symptoms or signs diagnostic for migraine headaches. As such the medical records provided for review do not support the use of Botox for the insured congruent with ODG guidelines.