MAXIMUS Federal Services

Case Number:	CM14-0155648		
Date Assigned:	09/25/2014	Date of Injury:	10/09/2006
Decision Date:	10/27/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/23/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 44-year-old female who reported injury on 10/09/2006. The mechanism of injury was not provided. The injured worker's diagnoses included migraine, occipital neuralgia, and myalgia, cervical spondylosis without myelopathy, cervical post laminectomy syndrome, headaches, neck pain, and cervical syndrome. The injured worker's past treatments included medications, functional restoration, Botox injections, and cervical spine fusion. The injured worker's diagnostic testing included unofficial CT of the neck on 03/19/2012 which indicated status post C4-5 anterior cervical fusion and sclerosis involving left posterior C6, left pedical and left inferior C5 articular facet, Unofficial MRI of the lumbar spine on 06/04/2009, which indicated small disc bulging at C4-5 and C5-6. The injured worker's surgical history included carpal tunnel of the left and right in 2009, and disc replacement in the neck in 2010. On the clinical note dated 09/26/2014, the injured worker complained of bilateral shoulder, upper extremity, and neck pain. The injured worker states the pain radiates to bilateral elbows. The injured worker had cervical spine range of motion with extension at 55 degrees and flexion at 45 degrees. The injured worker's medications included Pristiq 100 mg daily, Lorazepam 0.5 mg 3 times a day, Ambien 6.25 mg at bedtime, Amitriptyline 25 mg 2 tablets at bedtime, Topiramate 50 mg 1 in the morning and 2 at bedtime, Norco 10/325 three times a day as needed, Prilosec 20 mg twice a day. The request was for Botox injection 200 units. The rationale for the request was for migraines. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection 200 units for migraine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox, Myobloc) Page(s): 25.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, and Botulinum Toxin for Migraines.

Decision rationale: The request for Botox injection 200 units for migraine is not medically necessary. The injured worker is diagnosed with migraines, occipital neuralgia, and myalgia, cervical spondylosis without myelopathy, cervical post laminectomy syndrome, headaches, neck pain, and cervical syndrome. The injured worker complains of pain in the bilateral shoulders, upper extremities, and neck. The Official Disability Guidelines recommend Botulinum toxin for chronic migraines for prevention of headaches in patients with chronic migraines. The guidelines state an initial 12 week trial if all of the following are met; is recommended if diagnosed with chronic migraine headache and more than 15 days per month with headache lasting 4 hours a day or longer, not responded to at least 3 prior first line migraine headache prophylaxis medications, continuing treatment for ongoing prevention, frequency reduced by at least 7 days per month, duration was reduced by at least 100 hours per month, and discontinue if headache days reduce to less than 15 days a month over 3 consecutive months. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The injured worker stated she had improved headache pain from previous Botox injections with up to 80% relief for 2 to 3 months. The requesting physician did not indicate the number of days per month or number of hours per month the injured worker has migraine headaches. There is documentation that the injured worker has tried at least 2 of the first line migraine headache prophylaxis medications as Amitriptyline and Topiramate or currently prescribed. The guidelines require documentation of chronic migraine headaches to consist of more than 15 days per month with headaches lasting 4 hours a day or reduced by at least 100 hours per month. There is a lack of documentation indicating pretreatment average versus the previous injection in May that reduced migraines by 80%. As such, the request for Botox injection 200 units for migraine is not medically necessary.