

Case Number:	CM14-0021812		
Date Assigned:	05/09/2014	Date of Injury:	11/08/2013
Decision Date:	08/08/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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 injured worker is a 32 year old male whose date of injury is reported as November 08, 2013. The mechanism of injury is described as a physical assault by an inmate while performing routine duties as a correctional officer. The injured worker sustained a concussion and brief loss of consciousness as a result of the assault. Diagnoses are listed as severe headaches and chronic right shoulder and wrist pain, persistent jaw pain, ringing of the ear, dizziness, and blurred vision. A progress report dated March 13, 2014 listed current medications as Norco 10/325mg twice daily, Ibuprofen 800 mg twice daily, Imitrex 50 mg as needed, Paxil 10 mg, and Dilantin and Keppra through a neurologist. Treatment to date has included the aforementioned medications, eight visits of chiropractic manipulative therapy, twelve units of physical therapy, acupuncture and right shoulder acromioplasty. A progress note dated April 17, 2014 noted Imitrex helps with headaches. At the time of this evaluation Paxil was increased to 20mg with refills for Norco and Imitrex. Temporary total disability was extended through June 30, 2014. A prior utilization review determination dated February 12, 2014 denied the request for 100 unit Botox injections for left sided migraines on the basis that duration and frequency of headaches had not been reported. Also, prophylactic medications were not documented as trialed therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL OF BOTOX 100 UNITS INJECTION TO LEFT SIDE OF THE HEAD 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 Botox Page(s): 25-26, 127.

Decision rationale: According to Chronic Pain Medical Treatment Guidelines, Botulinum Toxin (Botox) is not generally recommended for chronic pain disorders, but is recommended for cervical dystonia and Migraine. In this case, the clinical information is limited and there is no documentation of the characteristics of headache, i.e. the frequency and duration, in order to meet the criteria of the definition of Migraine. Therefore, the Botox injection is not medically necessary.