

Case Number:	CM14-0040257		
Date Assigned:	06/27/2014	Date of Injury:	03/01/2000
Decision Date:	07/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/07/2014

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, has a subspecialty in Pain Management 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 is a 54-year-old male with a 3/1/00 date of injury. At the time of the request for authorization for Botox injections, there is documentation of subjective (chronic daily headaches, greater than 14 per month, greater than four hours per day, and unresponsive to other medications) and objective (spasm in the temporalis muscles) findings, imaging findings, current diagnoses (migraine), and treatment to date (long-term Botox therapy 300 units in three separate injection processes which modifies his headaches). There is no documentation that migraine frequency was reduced by at least 7 days per month (when compared to pre-treatment average) or that the duration was reduced by at least 100 hours per month (compared to pre-treatment).

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox, Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Botulinum toxin for chronic migraine.

Decision rationale: Chronic Pain Medical Treatment Guidelines identifies the evidence is mixed for migraine headaches. ODG identifies documentation that migraine frequency was reduced by at least 7 days per month (when compared to pre-treatment average) or that the duration was reduced by at least 100 hours per month (compared to pre-treatment) to support the medical necessity of ongoing use of Botox for prevention of chronic migraine headaches. In addition, evidence based guidelines recommend discontinuing preventive treatment if headache days are reduced to less than 15 days a month over three consecutive months, as criteria necessary to support the medical necessity of continued treatment with Botox injections. Within the medical information available for review, there is documentation of diagnoses of migraine. In addition, there is documentation of long-term Botox therapy 300 units in three separate injection processes which modifies his headaches. However, there is no documentation that migraine frequency was reduced by at least 7 days per month (when compared to pre-treatment average) or that the duration was reduced by at least 100 hours per month (compared to pre-treatment). Therefore, based on guidelines and a review of the evidence, the request for Botox injections is not medically necessary.