

Case Number:	CM14-0047943		
Date Assigned:	07/07/2014	Date of Injury:	04/19/2007
Decision Date:	08/21/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/16/2014

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 Internal Medicine 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 an injured worker with chronic headaches. The date of injury was 4/19/2007. The primary treating physician's progress report dated March 3, 2014 was provided. He has a history of present illness section documented that the patient is a 63-year-old gentleman with a history of a closed head injury after he fell approximately 60 feet off scaffolding. The patient had 18 headache days in the month of February and another 18 days of headache in January. He uses Midrin if his pain is 5 or greater and Excedrin if the pain is 5 or less. They are interested in trying Botox for his migraine headache. Medications included Flomax, Lamictal, Depakote, Proscar, Excedrin, Lactulose, Aspirin, Midrin. Physical examination findings included head normocephalic, atraumatic, chest lungs, cardiac regular rate and rhythm. The extremities demonstrated no atrophy, no tenderness. The patient is alert and oriented times four. His motor examination reveals 5/5 strength of both upper extremities and lower extremities. Hip and knee strength are normal and equal. Deep tendon reflexes are +2/4 at the quadriceps, ankle, bicep, and tricep bilaterally. There is no clonus or tremor noted. Left grip is 110 and right grip is 100 lbs. Gait was antalgic. There is a mild right foot slap noted. He is unable to heel walk on the right. Diagnoses included traumatic brain injury with right parietal left frontal contusions, left sided facial fractures and skull fracture, right humerus fracture, left knee pain status post arthroscopy, mild right sided hemiparesis, unpaired memory processing, hypertension. The treatment plan included trial of Botox for his headaches. A utilization review decision date was 03-11-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical treatment utilization schedule (MTUS) Botulinum toxin (Botox; Myobloc) Page 25-26 Page(s): 25-26.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses Botox (Botulinum toxin). Botulinum toxin is not generally recommended for chronic pain disorders. Botox is not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger point injections. Patient is an injured worker with chronic headaches, managed with Excedrin and Midrin. Primary treating physician's progress report dated March 3, 2014 documented that the patient was interested in trying Botox for his migraine headache. Treatment plan included trial of Botox for his headaches. MTUS guidelines do not recommend Botox for tension-type headache or migraine headache. Therefore, the request for Botox Injection Trial is not medically necessary.