

Case Number:	CM14-0092237		
Date Assigned:	09/12/2014	Date of Injury:	08/01/2001
Decision Date:	10/31/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/18/2014

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:

According to the records made available for review, this is a 63-year-old female with a 8/1/01 date of injury. At the time (4/30/14) of request for authorization for repeat Botulinum Toxin 200 units Botox Injection, there is documentation of subjective (headache) and objective (normocephalic, no sensory loss, intact memory, and intact coordination) findings, current diagnoses (symptomatic headache), and treatment to date (medications and previous Botulinum toxin injection (10/14/13)). Medical report identifies that previous Botulinum toxin injection provided 75% pain relief for 3 months. There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Botulinum toxin injection provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Botulinum Toxin 200 units Botox Injection: Upheld

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

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

Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify the evidence is mixed for migraine headaches. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation that migraine frequency was reduced by at least 7 days per month (when compared to pre-treatment average) OR 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 a diagnosis of symptomatic headache. However, despite documentation that previous Botulinum toxin injection provided 75% pain relief for 3 months, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Botulinum toxin injection provided to date. Therefore, based on guidelines and a review of the evidence, the request repeat Botulinum Toxin 200 units Botox Injection is not medically necessary.