

Case Number:	CM14-0096500		
Date Assigned:	07/28/2014	Date of Injury:	12/21/2012
Decision Date:	09/09/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/24/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

6/23/14 note indicates daily headaches and difficulty concentrating after a concussion. The insured feels the headaches are triggered by cervical pain and is taking Excedrin daily as well as amitriptyline. The insured also reports nausea, photophobia, and phonophobia with the headaches. Upon physical examination reports normal cranial nerves, motor, sensory, and reflexes. The treating physician diagnosed chronic daily headaches that "appear to be migraine". The insured is reported to have failed sumatriptan, Excedrin, tramadol, nadolol, and Elavil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection, 200 units every 3 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Head, Botulinum Toxin for Chronic Migraine.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) head, botulinum therapy.

Decision rationale: The medical records indicate conditions of migraine headaches that have become chronic daily and have not responded to other treatments. Pooled results of 2 large,

randomized, placebo-controlled trials show that botulinum toxin is an effective, safe, and well-tolerated treatment for the prevention of headache for patients with chronic migraine. (Dodick, 2009) On October 16, 2010, the Food and Drug Administration (FDA) approved onabotulinumtoxinA (Botox; Allergan Inc) for headache prophylaxis in patients with adult chronic migraine who suffer headaches on 15 or more days per month, each lasting more than 4 hours. To treat chronic migraine, onabotulinumtoxinA is given approximately every 12 weeks as multiple injections around the head and neck to try to dull future headache symptoms However, botox is not supported under the Official Disability Guidelines (ODG) at a dose of 200 units for administration in patient with chronic daily migraine.