

Case Number:	CM14-0196110		
Date Assigned:	12/04/2014	Date of Injury:	03/19/1996
Decision Date:	01/15/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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 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 injured worker (IW) is a 52-year-old woman with a date of injury of March 19, 1996. The mechanism of injury is not documented in the medical record. Current working diagnoses are headache; depression; chronic migraine without aura; myofascial pain. It is unclear if the migraine headaches predate the date of injury. The oldest progress note in the medical record dated June 4, 2014 reports that the IW is being followed by the [REDACTED] for management of chronic issues. She has been seen for the duration of 18 years, 2 months, 1 week, and 3 days according to documentation. There are reports that the IW was seeing a neurologist at [REDACTED] from 2008-2013. Additional records from [REDACTED] were not available for review. Pursuant to the progress note in the medical record dated November 6, 2014, the IW complains of migraine causing excruciating pain, photosensitivity, and pain in both arms. Sphenopalantine block provided relief for 12 hours. It appears that the IW attempted suicide earlier this month. Current medications include Dalmane, Elavil, Prozac, Topamax, Valium, Imitrex, Butabital, Zofran, Lipitor, and Lidoderm patch. Her neurological exam is non-focal. She has signs of head and myofascial pain. The IW presented to the emergency room September 3, 2014 for severe headache pain. The following day, she received a trigger point injection for head and neck pain. The IW notes much improvement. The current request is for Botox 200 units for migraine every 3 months X 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 200 units for migraine q3 months x 4: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ; Pain Section, Botox for Chronic Headaches

Decision rationale: Pursuant to the Official Disability Guidelines, Botox 200 units for migraine every three months times 4 is not medically necessary. Botox for chronic migraine is recommended for prevention in patients with chronic migraines. The criteria for Botox for prevention of chronic migraine headaches are enumerated in the ODG. The guidelines provide for an initial 12 week trial if all of the following are met: diagnosed with chronic migraine headache; and more than 15 days per month with headaches lasting four hours or longer; and not responded to at least three prior first-line migraine headache prophylaxis medications, choose from amitriptyline, beta blockers, Topiramate as well as valproic acid. In this case, the injured worker is followed at a pain clinic for her headaches. The date of injury is March 19, 1996. It is unclear from the medical record as to whether the headaches predate the date of injury. A progress note dated October 25, 2014 states the injured worker follows with a neurologist outside [REDACTED]. Again, it is unclear whether the injured worker has been followed at [REDACTED] for her headaches in addition to the work related treating physicians. The diagnosis carried throughout the medical record is migraine headaches. The medical record contains multiple emergency department visits. The injured worker has undergone sphenopalatine nerve blocks in an attempt to relieve headache pain. The duration of headaches are noted in an October 17, 2014 progress note: 18 years, two months, one week and three days. There is no documentation in the medical record that establishes a causal relationship of the migraine headaches to the injury. The progress note indicates the MRI was performed on 12/13 at [REDACTED]. The injured worker was getting psychiatric treatment at [REDACTED]. The documentation indicates the injured worker was treated with multiple medications for headaches. These include antidepressants, beta blockers and ganglion blocks. The injured worker is on 14 different prescription medications (see progress note). The initial utilization review physician placed multiple calls to the treating physician's office; however, no peer-to-peer review has taken place to date. Botox is not clinically indicated. The guidelines indicate an initial 12 week trial is indicated if all of the criteria are met within the Official Disability Guidelines. Additionally, there is no causal relationship established in the medical record between the "migraine" and the work injury. There is no documentation indicating what the inciting or work injury represents. The injured worker presented to [REDACTED] for part of her workup including diagnostic testing and psychiatric follow-up. Additional documentation from [REDACTED] is required and should be reviewed to determine when the injured worker's headaches began and to determine whether she received any treatment for these headaches predating the date of injury. Consequently, absent the appropriate necessary documentation and the establishment of a causal relationship to the work injury, Botox 200 units for migraine every three months times 4 is not medically necessary.