

Case Number:	CM14-0202552		
Date Assigned:	12/15/2014	Date of Injury:	02/02/2005
Decision Date:	02/28/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female patient with a date of injury of February 2, 2005. A utilization review determination dated November 13, 2014 recommends non-certification of 2 injections .5cc of .5% Marcaine and 60 units of Dysport. A progress note dated September 24, 2014 identifies subjective complaints of the patient having had Botox injections that lasted about five weeks that have since worn off. The patient's headache is quite intense in her left occiput then comes forward. She has had to take pain medication and a Valium on the day of the visit. She would like to have the injections a little bit more frequently. The physical examination reveals tenderness to palpation at the left craniocervical junction. The patient was given 0.5cc of 0.5% Marcaine and 60 units of Dysport divided in 2 injections at the left craniocervical junction. The diagnosis is headache. The treatment plan recommends change from Botox to Dysport to see if it gives her a little bit longer relief. Also, there is consideration for lesioning the greater occipital nerve.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 Injections .5 CC of .5 Percent Marcaine and 60 Units of Dysport: Upheld

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

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

Decision rationale: Regarding the request for 2 injections .5cc of .5% Marcaine with 60 units of Dysport (abobotulinumtoxinA), Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Guidelines go on to state specifically that botulinum is, "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." ODG recommends botulinum for prevention of headache in patients with chronic migraine. ODG states that to treat chronic migraine, onabotulinum toxin A is given approximately every 12 weeks as multiple injections around the head and neck to try to dull future headache symptoms. It has not been shown to work for the treatment of episodic migraine headaches that occur 14 days or fewer per month, or for other forms of headache. ODG recommends continuation of Botox for migraine headache prophylaxis if the frequency of headaches 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). Within the documentation available for review, there is no specific diagnosis of migraine headaches. There is no description of the frequency and duration of the headaches. Furthermore, there is no documentation stating that the latest Botox injection reduced the frequency of headaches 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). As such, the currently requested 2 injections .5cc of .5% Marcaine with 60 units of Dysport (abobotulinumtoxinA) is not medically necessary.