

Case Number:	CM14-0202646		
Date Assigned:	12/15/2014	Date of Injury:	08/15/2008
Decision Date:	02/04/2015	UR Denial Date:	11/07/2014
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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 a 56 year old female with a work injury dated 8/15/08. The diagnoses include status post failed right hip arthroscopy in 2009, multilevel degenerative change in the lumbar spine, bilateral shoulder impingement, bilateral wrist degenerative joint disease, obesity, and opioid taper with reduction off Fentanyl and partial reduction of OxyContin. Under consideration are requests for Botox prophylaxis Injections into Scalp and Cervical Muscles Every 12 Weeks for FDA Control. A 6/26/14 document states that migraine headaches have increased daily, lasting more than 4 hours. Photophobia is associated with this condition. Neck activity aggravates the condition. Nausea and vomiting are associated with the headaches. Anti epileptic and opiate analgesic medications have failed to reduce the condition. Botox was requested and denied. Per document dated 10/6/14 an opiate taper was begun in the summer of 2013. The patient's physician recommended an increase of the Cymbalta. She was having headaches with photophobia, nausea and vomiting, and intermittent confusion, which could have been related to hydration, electrolyte differences or side effects from medications, but her physician attempted to try to address this by slowly reducing the dependence upon OxyContin. He noted that she was willing to discontinue the OxyContin, but she seemed to have continuance of her significant headaches, which seemed to be migrainoid in nature, although they are not true migraines. Prior UR indicates that on 10/22/2014 the patient was seen in evaluation and it was noted that she reported ongoing daily migraine headaches with photophobia, phonophobia, and nausea. Zorvolex continued to reduce the migraines by 50%. An increase in Nucynta had reduced pain by 50% and had improved the claimant's comfort. The patient was also using Pennsaid solution as well as Duloxetine and Tizanidine. Cognitive behavioral training was recommended and also recommended continuation of medications. A 5/14/14 progress note states headaches have persisted and Botox has not been authorized yet. Headaches occur daily now and last for more

than four hours. Sumatriptan 50 mg has increased to daily, as acupuncture treatments have worn off. Photophobia has increased. Response to a request for Botox has been absent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Prophylaxis Injections into scalp and cervical muscles every 12 weeks for FDA control: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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- Botulinum toxin for chronic migraine; Botulinum toxin for tension headache

Decision rationale: Botox Prophylaxis Injections into scalp and cervical muscles every 12 weeks for FDA Control is not medically necessary per the ODG and the MTUS Guidelines. The ODG states that botox toxin for chronic migraine headaches must meet particular criteria including an initial 12-week trial if all of the following are met: The patient must be diagnosed with chronic migraine headache; with more than 15 days per month with headaches lasting 4 hours a day or longer; & not responded to at least three prior first-line migraine headache prophylaxis medications, including - Amitriptyline, beta blockers (metoprolol, propranolol, and timolol), topiramate as well as valproic acid and its derivatives, are first-line agents for the treatment of chronic migraines. Continuing treatment for ongoing prevention: must require that the frequency 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). This should be discontinued if headache days reduced to less than 15 days a month over three consecutive months (qualifies as episodic migraine, not covered for Botox). The ODG states that ODG is not covered for tension headaches. The MTUS states that botox injections are not generally recommended for chronic pain disorders, but recommended for cervical dystonia. The ODG states that botox injections should not be considered in patients with chronic tension-type headaches. The documentation dated 10/6/14 indicates that the patient's headaches are not true migraines and are migranoid in nature. The ODG does not recommend botox prophylaxis in non-migrainous headaches. Additionally, the request asks for every 12 week prophylactic injections but the guidelines do not recommend continuing treatment for prevention without documentation of reduced frequency or headache duration as indicated in the ODG guidelines. Furthermore, the documentation does not indicate evidence of cervical dystonia. For these reasons the request for Botox Prophylaxis Injections into scalp and cervical muscles every 12 weeks for FDA Control is not medically necessary.