

Case Number:	CM14-0206457		
Date Assigned:	12/18/2014	Date of Injury:	10/16/2008
Decision Date:	02/06/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/10/2014

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 Rehabilitation, has a subspecialty in Pain 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 is a 52-year-old male with an original industrial injury on October 16, 2008. The affected industrial body regions include the neck and physical/mental. The patient has undergone prior anterior cervical decompression and fusion from C4 through C7. A progress note from October 29, 2014 documents that the patient has severe chronic daily headaches. The patient also has superimposed migraine headaches with associated symptoms of photophobia and nausea/vomiting. According to a progress note on date of service 10/29/14, the patient reports intractable "daily" headaches and has failed multiple medications such as gabapentin, anti-depressants, and Lyrica. The disputed request is for Botox injection. A utilization review determination on December 8, 2014 had denied this request. The stated rationale included the fact that 100 cc's of Botox is not an approved dosage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection (cc) QTY: 100.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment in Workers' Compensation, Pain (Chronic), Botox

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation Uptodate Online, Botulinum Toxin Entry.

Decision rationale: Regarding the request for botulinum toxin, 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." Within the documentation available for review, the requesting physician has suggested that the botulinum toxin will be injected for the patient's migraine headaches. The crux of this dispute hinges in the improper request for 100 cc of Botox per the utilization reviewer. However, there is documentation of a request for 100 units of Botox on an IMR application submitted 8/14/2014. The IMR determination letter dated 9/18/2014 had denied the Botox citing Chronic Pain Medical Treatment Guidelines pages 25-26. However, the MTUS also specifies in Section 9792.21(c) that "treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10." Since the authoring of the Chronic Pain Medical Treatment Guidelines, there has been FDA approval for Botox to treat chronic migraines, which are defined as greater than 15 headache days/month. According to a progress note on date of service 10/29/14, the patient reports intractable "daily" headaches and has failed multiple medications such as gabapentin, anti-depressants, and Lyrica. Given this new supportive evidence in combination with this worker's clinical picture, it is appropriate to approve the Botox 100 units.

Surgical Tray 1.00: 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.

Decision rationale: In the case of this request for a surgical tray, the California Medical Treatment Utilization Schedule does not contain specific guidelines on this particular request. Therefore, national evidence based guidelines are cited. It is further noted that the Official Disability Guidelines and ACOEM do not have provisions for this request either. Presumably, a surgical tray can be used to perform Botox injection although this is not standard of care. It is unclear why the provider cannot perform this procedure with the same materials as with any other office-based injection (ie, a surgical tray is typically not necessary for other office injections such as viscosupplementation or trigger point injections). Therefore, this request is not medically necessary.