

Case Number:	CM15-0002963		
Date Assigned:	01/13/2015	Date of Injury:	11/19/2001
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 57 year old female, who sustained an industrial injury on November 19, 2001. The diagnoses have included musculoligamentous sprain/strain of the cervical spine with severe spinal stenosis with cord compression at C5-C6 diagnosed by Magnetic resonance imaging on December 5, 2012, status post anterior decompression and fusion at C6-6, exacerbation of clinical evidences of C6-8 radiculopathies right >left, cervicogenic headaches exacerbating migraine headaches, severe bilateral occipital neuralgia, exacerbation, severe neuropathic pain with decreased numbness and burning, focal hi grade oblique intrasubstance tear of the anterior infraspinatus at the footprint with delamination of the myotendinous junction, mild acromioclavicular joint osteoarthritis, bilateral carpal tunnel syndrome and major depression. Treatment to date has included Magnetic resonance imaging, X-rays, nerve conduction study, electromyogram, Botox injections in August 2014 for severe frequent headaches with noticed decrease of headaches by thirty percent on April 16, 2013 she had an anterior decompression and fusion at C5-C6 with thirty percent relief initially but the pain went up to seventy after she had physical therapy, nine sessions, and discontinued due to pain, oral medications and topical medications. Currently, the injured worker complains of headaches that occur three to five times a week lasting less than six hours, compared to before injections, she complains of increased neck pain radiation to the bilateral arms, and numbness worse on the 3, 4, 5 fingers, weakens of the hands she is dropping objects with the right >left arm, she complains of burning and tingling in the distribution of the bilateral right>left occipital nerves. The injured worker is total temporary disabled. On December 8, 2014 Utilization Review non-certified 4

Botox injections 155 units (every 12 weeks for 1 year, noting, Medical treatment utilization schedule guidelines was cited. On December 1, 2014, the injured worker submitted an application for IMR for review of 4 Botox injections 155 units (every 12 weeks for 1 year).

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Botox Injections 155 Units (every 12 Weeks for 1 Year): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain section, Botox

Decision rationale: Pursuant to the Official Disability Guidelines, Botox #4 injections 155 units every 12 weeks for one year is not medically necessary. Botox is not recommended for most chronic pain conditions. They are not recommended for tension type headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger points. Botox is recommended for cervical dystonia and for prevention of headaches in patients with chronic migraine. It is recommended as second line therapy for migraine headaches. Published evidence on the effectiveness of Botox for headaches is limited. Botox is costly and the toxin can cause headaches, pain, stiffness and muscle spasms. The criteria for Botox for prevention of chronic migraine headaches include: 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 headache lasting four hours a day or longer; not responded to at least three first-line migraine headache prophylaxis medications, choose from amitriptyline, beta blockers, topiramate as well as valproic acid and its derivatives. Continuing treatment for ongoing prevention: frequency reduced by at least seven days per month; or duration was reduced by at least 100 hours per month (compared to pretreatment). Discontinuous headache days reduced to less than 15 days per month over three consecutive months (qualifies as episodic migraine, not covered for Botox). In this case, the injured worker's working diagnoses are cervical DJD at C3-C4, C4-C5, and C5-C6; chronic headaches; anterior decompression and fusion at C5-C6 on 4/16/13 (Initial 30% improvement, but pain returned after PT) and C5-C6 radiculopathy. There is no firm diagnosis of chronic migraine headaches. Subjectively, the injured worker complains of significant neck pain radiating to the left arm down to the fingers. She has increased weakness in the left hand and drops light objects frequently. Objectively, tenderness over the occipital notch is present. There is tenderness in the temporalities muscles bilaterally. Scalp allodynia and hyperesthesia in the occipital nerve distribution bilaterally. There is severe paravertebral muscle spasms and trigger points in the paraspinal muscles, trapezius commerce supraspinatus and infraspinatus, scalenus muscles, levator scapula left greater than right. Motor examination is 4/5 in the bilateral upper extremities and 5/5 in the bilateral lower extremities. Prior treatments include: Botox was given 8/6/14 for the treatment of severe, frequent headaches. She began noticing decreased frequency of the headaches by 30%. In the past she had a lasting and effective relief from this kind of pain from occipital nerve blocks. The last nerve blocks were performed 3/8/13 and 6/14/14. Medications listed in the January 5, 2015 progress note our Norco 10/325 mg, Lyrica 75 mg,

Nexium ER 40 mg, Imitrex 100 mg, Topamax 100 mg, Wellbutrin XL 150 mg, simvastatin 80 mg and Lidoderm patch I percent. There is no documentation indicating the injured worker received prior first-line migraine headache prophylaxis medications including amitriptyline, beta blockers, or valproic acid. As noted above, there is no firm diagnosis of chronic migraine headache. The enumerated diagnosis in the record states chronic headaches. Additionally, the request for #4 Botox injections every 12 weeks is excessive and not supported without a reevaluation after subsequent injections. Consequently, absent clinical documentation containing first-line migraine headache prophylaxis medications and documentation supporting a diagnosis of chronic migraine headaches (not chronic headaches) pursuant to guideline recommendations, Botox #4 injections 155 units every 12 weeks for one year is not medically necessary.