

Case Number:	CM15-0101632		
Date Assigned:	06/04/2015	Date of Injury:	12/15/2011
Decision Date:	07/03/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/27/2015

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

Certification(s)/Specialty: Emergency 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 54-year-old male, who sustained an industrial injury on 12/15/2011. He has reported injury to the head and face. The diagnoses have included chronic migraine without aura, without mention of intractable migraine, without mention of status migrainosus; post-concussive syndrome; post-traumatic stress disorder; and occipital neuralgia. Treatment to date has included medications, diagnostics, Botox injections, trigeminal and occipital nerve blocks, and sphenopalatine ganglion blocks. Medications have included Gabapentin, Lyrica, Topamax, Buspar, Zanaflex, Omeprazole, and Candesartan. A progress note from the treating physician, dated 03/11/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of migraine headaches; headache intensity is rated at 5/10; headache frequency has been 76/90 days; and he has had four prior Botox treatments with no side effects. Objective findings included not in any distress; full cervical range of motion; speech fluent, no aphasia; no focal weakness; no involuntary movements; no ataxia; and sensory exam is normal. The treatment plan has included Botox 200 units and administer.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 200 units and administer: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Head: Botulinum toxin for chronic migraine.

Decision rationale: As per letter of appeal, dated 6/15/15 patient meets criteria for chronic migraines. Patient has received Botox injections in the past with "clinical benefit." Reportedly improved from headache days of 30/30 to 20-21/30. However, this is contradicted by other documentation that states that headache is ongoing at 76 of 90days (average of 25 days per month of headache). MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines criteria for recommendation of continuing treatment for ongoing prevention are 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). Documentation provided by requesting provider is contradictory. Prior documentation only notes a 5 day per month decrease in headache days per month while letter of appeal claims 9-10days per month improvement. Since this discrepancy straddles criteria for a successful clinical significance response vs. failure, the provider needs to provide better documentation concerning headache history. Current documentation does not support botulinum toxin injections for chronic headaches. Therefore, the request is not medically necessary.