

Case Number:	CM15-0147530		
Date Assigned:	08/10/2015	Date of Injury:	08/31/1994
Decision Date:	09/11/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/29/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 67 year old female patient, who sustained an industrial injury on 8-31-94. She reported injury to her face, jaw and neck. The diagnoses include migraine headaches, cervicogenic headache, dystonia, status post bone grafting and teeth fracture. Per the PR2 dated 7-9-15, she had complaints of a headache and jaw pain. She indicated having pain as bad as 10 out of 10. She has done well with previous Botox injections and muscle activity in the frontal, temple and masseter regions have returned to normal. The medications list includes tramadol and dilaudid. She has had bilateral occipital nerve block on 11/12/13. She has had Botox injections dated 11/12/13, 4/23/13 and 3/10/15. Treatment to date has included teeth extraction and implant placements and oral medications. Patient was authorized for botox injection on 7/10/15. The treating physician requested a Botox injection 100 units and administration once every 3 months # 1 and a trigeminal nerve block once monthly, multiple sites.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection 100 units once every 3 months qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin

(http://www.aetna.com/cpb/medical/data/100_199/0113.html (The American Headache Society (http://www.americanheadachesociety.org/assets/1/7/Botox-A_for_Supression_of_Chronic_Migraine_April_2012)).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 25-26, Botulinum toxin (Botox; Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 06/25/15), Botulinum toxin (injection), Chapter: Head (updated 07/24/15), Botulinum toxin for chronic migraine.

Decision rationale: Botox injection 100 units once every 3 months qty: 1. Per the cited guidelines Botox injection is "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." In addition per the cited guidelines criteria for use in Cervical dystonia (spasmodic torticollis): Moderate or greater severity; There are clonic and/or tonic involuntary contractions of multiple neck muscles (e.g., sternocleidomastoid, splenius, trapezius and/or posterior cervical muscles); There is sustained head torsion and/or tilt with limited range of motion in the neck; & - The duration of the condition is greater than 6 months; & Alternative causes of symptoms have been considered and ruled out, including chronic neuroleptic treatment, contractures, or other neuromuscular disorders. In addition per the cited guidelines "Criteria for botulinum toxin (Botox) for prevention of chronic migraine headaches: An initial 12-week trial if all of the following are met: Diagnosed with chronic migraine headache; 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, choose from: 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: 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). Discontinue if headache days reduced to less than 15 days a month over three consecutive months (qualifies as episodic migraine, not covered for Botox)." Patient is having recent diagnosis of migraine headache and dystonia. However, severity of the cervical dystonia is not specified in the records provided. Evidence of clonic and/or tonic involuntary contractions of multiple neck muscles is not specified in the records provided. Evidence that other cause of symptoms have been ruled out is not specified in the records provided. In addition, the patient was authorized for botox injection on 7/10/15. The response in terms of a decreased need for medications and increased functional improvement with this botox injection is not specified in the records provided. Response to first-line migraine headache prophylaxis medications is not specified in the records provided. The request for Botox injection 100 units once every 3 months qty: 1 is not medically necessary at this time.

Botox injection admin once every 3 months qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin (http://www.aetna.com/cpb/medical/data/100_199/0113.html (The American Headache Society(<http://www.americanheadachesociety.org/assets/1/7/Botox->

A_for_Supression_of_Chronic_Migraine_April_2012).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 25-26, Botulinum toxin (Botox; Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 06/25/15), Botulinum toxin (injection), Chapter: Head (updated 07/24/15), Botulinum toxin for chronic migraine.

Decision rationale: Botox injection admin once every 3 months qty: 1. Per the cited guidelines Botox injection is "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." In addition per the cited guidelines criteria for use in Cervical dystonia (spasmodic torticollis): Moderate or greater severity; There are clonic and/or tonic involuntary contractions of multiple neck muscles (e.g., sternocleidomastoid, splenius, trapezius and/or posterior cervical muscles); There is sustained head torsion and/or tilt with limited range of motion in the neck; The duration of the condition is greater than 6 months; Alternative causes of symptoms have been considered and ruled out, including chronic neuroleptic treatment, contractures, or other neuromuscular disorders. In addition per the cited guidelines "Criteria for botulinum toxin (Botox) for prevention of chronic migraine headaches: An initial 12-week trial if all of the following are met: Diagnosed with chronic migraine headache; 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, choose from: 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: 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). Discontinue if headache days reduced to less than 15 days a month over three consecutive months (qualifies as episodic migraine, not covered for Botox)." Patient is having recent diagnosis of migraine headache and dystonia. However, severity of the cervical dystonia is not specified in the records provided. Evidence of clonic and/or tonic involuntary contractions of multiple neck muscles is not specified in the records provided. Evidence that other cause of symptoms have been ruled out is not specified in the records provided. In addition, the patient was authorized for botox injection on 7/10/15. The response in terms of a decreased need for medications and increased functional improvement with this botox injection is not specified in the records provided. Response to first-line migraine headache prophylaxis medications is not specified in the records provided. The request for Botox injection admin once every 3 months is not medically necessary at this time.

Trigeminal nerve block once monthly, multiple sites qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna (http://aetna.com/cpb/medical/data/300_399/0374.html).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Neck & Upper Back (updated 06/25/15), Haldeman S, Dagenais S. Cervicogenic headaches: a critical review. Spine J. 2001 Jan-Feb; 1(1): 31-46, Department of Neurology, University of California, Irvine, Medical Center, 101 The City Drive South, Orange, CA 92868, USA. HaldemanMD@aol.com.

Decision rationale: Trigeminal nerve block once monthly, multiple sites qty: 1. Per the cited guidelines, Diagnostic criteria have been established by several expert groups, with agreement that these headaches start in the neck or occipital region and are associated with tenderness of cervical paraspinal tissues. Prevalence estimates range from 0.4% to 2.5% of the general population to 15% to 20% of patients with chronic headaches. CGH affects patients with a mean age of 42.9 years, has a 4:1 female disposition, and tends to be chronic. Almost any pathology affecting the cervical spine has been implicated in the genesis of CGH as a result of convergence of sensory input from the cervical structures within the spinal nucleus of the trigeminal nerve. The main differential diagnoses are tension type headache and migraine headache, with considerable overlap in symptoms and findings between these conditions. No specific pathology has been noted on imaging or diagnostic studies which correlates with CGH. CGH seems unresponsive to common headache medication. Small, non-controlled case series have reported moderate success with surgery and injections. A few randomized controlled trials and a number of case series support the use of cervical manipulation, transcutaneous electrical nerve stimulation, and botulinum toxin injection. **CONCLUSIONS:** There remains considerable controversy and confusion on all matters pertaining to the topic of CGH. Patient has a diagnosis of cervicogenic headache. Trigeminal nerve block was prescribed for cervicogenic headache. A recent detailed physical examination with tenderness of cervical paraspinal tissues is not specified in the records provided. Response to other treatment including pharmacotherapy for the cervicogenic headache is not specified in the records provided. Diagnostic imaging study reports for the detailed evaluation of headaches in this patient, were not specified in the records provided. The request for Trigeminal nerve block once monthly, multiple sites qty: 1 is not medically necessary at this time.