

Case Number:	CM15-0160716		
Date Assigned:	08/27/2015	Date of Injury:	10/16/2014
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/18/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 25 year old female with an industrial injury dated 10-16-2014. The injured worker's diagnoses include post-concussion syndrome and headache and chronic migraine without aura, intractable. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 06-22-2015, the injured worker presented for recheck of post-concussion syndrome. The injured worker reported daily headache and severe migraines 1-2 times per week. The injured worker rated headache pain in 4 out of 10 and a migraine pain rated an 8 to 9 out of 10. Objective findings revealed cranial nerve intact, tandem walking impaired, normal mental status exam, normal attention, and normal concentration. The treating physician prescribed services for Botox A 200 units Intramuscular (IM) injection Q12 weeks (chronic migraine), now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox A 200 units Intramuscular (IM) injection Q12 weeks (chronic migraine): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox Section Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, and Botox.

Decision rationale: Regarding the request for Botulinum toxin, Chronic Pain Medical Treatment Guidelines state that Botulinum toxin has mixed evidence for migraine headache. However, since these guidelines were released, Botox is now FDA approved for chronic migraines since additional supportive studies have been carried out. The ODG recommends Botulinum for prevention of headache in patients with chronic migraine. ODG states that to treat chronic migraine, Botulinum toxin A is given approximately every 12 weeks as multiple injections around the head and neck to try to dull future headache symptoms. It has not been shown to work for the treatment of episodic migraine headaches that occur 14 days or fewer per month, or for other forms of headache. ODG recommends continuation of Botox for migraine headache prophylaxis if the frequency of headaches was 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). Within the documentation available for review, there is a diagnosis of chronic migraine headache, with the patient experiencing headache 30/30 days per month and severe headaches 1-2 times a week. The patient has had a Botox injection on 7/24/2015. However, there is no documentation stating that the latest Botox injection reduced the frequency of headaches by at least 7 days per month (when compared to pre-treatment average, or that the duration was reduced by at least 100 hours per month (compared to pre-treatment). In the absence of this documentation, the current request for Botox injection every 12 weeks is not medically necessary.