

Case Number:	CM15-0182459		
Date Assigned:	09/23/2015	Date of Injury:	05/31/2004
Decision Date:	10/28/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/16/2015

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: Massachusetts

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 51 year old male who sustained an industrial injury on 5-31-04 in a motorcycle accident. He is currently not working. Diagnoses included chronic migraine without aura; depressive disorder; cervicalgia; joint pain-left leg, knee; lumbar, lumbosacral disc degeneration; status post closed head injury; global amnesia; possible early left carpal tunnel syndrome; bilateral ankle strain; contusion left knee with possible internal derangement. He currently (8-24-15) complains of cervical spine pain that has decreased (2 out of 10); increased lumbar spine pain (8 out of 10); head pain, headache unchanged at 5 out of 10; achy, sharp left wrist and elbow pain; achy bilateral ankle pain 2 out of 10. He has difficulty with sleep. He is independent with activities of daily living but unable to push, pull or lift greater than 12 pounds. He reports chronic daily headaches that are constant, lasting up to 24 hours, making it difficult to get up, eat, talk and needs assistance with everyday needs. Botox injection was approved in the past. On physical exam, the grip strength was decreased on the left upper extremity otherwise unremarkable. Diagnostics include MR angiogram of the brain (10-6-04); MRI of the brain (7-7-04); MRI of the lumbar spine (5-19-11 and 4-14-15); x-ray of the sinuses (4-22-15) normal; computed tomography of the head (no date but in the 7-10-15 note) indicated no acute intracranial pathology; electroencephalogram (1-28-15) was normal; MRA of the head and brain (1-27-15) were unremarkable; 48 hour electroencephalogram (3-3-15) normal. Treatments to date include lumbar transforaminal epidural steroid injection (8-26-15); medications: oxycodone, Kepra, Advil, Aspirin; Imitrex in the past with benefit; facet joint injections; heat treatment; ice treatment, occipital nerve block; physical therapy; transcutaneous electrical nerve stimulator

unit; trigger point injections. In the progress note dated 8-24-15 the treating provider's plan of care included a request for Botox injection to decrease and maintain his headaches. The request for authorization dated 8-24-15 was for Botox 200 units. On 9-10-15 Utilization Review evaluated and non-certified the request for Botox Injection: Head 200 units based on no documentation indicating that migraine frequency from past use was reduced by at least 7 days per month or duration was reduced by at least 100 hours per month to satisfy evidence based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection for the head, 200 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders), Botulinum toxin for chronic migraine.

Decision rationale: The claimant has a remote history of a work injury in May 2004 and is being treated for injuries sustained as the results of a motorcycle accident. He had a complex partial seizure in January 2015. In February 2015, he was having chronic intractable migraines. Depakote was prescribed. In March 2015, he was having migraines up to two times per month and had tried Imitrex with benefit. Botox injections were performed on 03/18/15 and 03/31/15. When seen, he wanted to repeat the Botox injections. Oxycodone was providing pain relief and was being taken up to 5 times per day. Headaches were described as aching, dizziness, and sharp. Oxycodone, Keppra, aspirin, and Advil were being prescribed. There was decreased left lower extremity strength. Repeat Botox injections are being requested. Criteria for a botulinum toxin (Botox) for prevention of chronic migraine headaches include a diagnosis of chronic migraine headache with frequent headaches lasting 4 hours a day or longer, and not responsive to at least three prior first-line migraine headache prophylaxis medications. In this case, there is no documented failure of adequate trials of first-line medications for prophylaxis and when the injections were performed in March 2015 Imitrex was working well and he was only having migraines up to two times per month. The request to repeat the injections is not medically necessary.