

Case Number:	CM15-0208945		
Date Assigned:	10/27/2015	Date of Injury:	09/02/2006
Decision Date:	12/08/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/23/2015

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: Arizona, 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:

The injured worker is a 39 year old male, who sustained an industrial injury on 9-2-06. The injured worker was diagnosed as having chronic headache disorder; migraine without aura. Treatment to date has included physical therapy; medications. Diagnostics studies included MRI lumbar spine. Currently, the PR-2 notes dated 7-15-15 indicated the injured worker is in the office for Botox treatment. The provider notes, the injured worker has not side effects from Botox, he has received multiple injections for headache frequency of 14-90 days with "headache intensity 9 out of 10 and a MIDAS score of 40; HIT 6 score of 72 and PHQ-9 of 11 no suicidal ideation." The injured worker's current medications are listed as ibuprofen 800mg 1 three times a day and Lovastatin 1 tab with evening meal. And candesartan 4mg tablet on a titrated schedule. The provider notes that he administered Botox 200 units for the injured worker's chronic migraines. The locations of the injections are documented per units at each site with the remaining units discarded. The injured worker will return to the office in 90 days. A prior PR-2 notes dated 4-23-13 indicated the injured worker has received Botox 200 unit injections for chronic migraine without aura with intractable migraine. A Request for Authorization is dated 10-23-15. A Utilization Review letter is dated 9-30-15 and non-certification for Botox 200 Units and administer. A request for authorization has been received for 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 Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

Decision rationale: According to the guidelines, Botox is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. In this case, the claimant has had Botox in the past. There is no mention of failure of triptans or other medication options. The request to give repeat Botox is not supported by the guidelines and is not a necessity.