MAXIMUS Federal Services

Case Number:	CM15-0026781		
Date Assigned:	02/19/2015	Date of Injury:	05/07/2009
Decision Date:	03/31/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 was a 53 year old male, who sustained an industrial injury, May 7, 2009. According to progress note of October 15, 2014, the injured workers chief complaint was neck pain and right sided migraine headaches. The physical exam noted tenderness on the right frontal and temporal scalp. The headache pain was 6 out of 10; 0 being no pain and 10 being the worse pain. The injured worker was diagnosed with right sided migrainous headaches. The injured worker previously received the following treatments Verapamil was stopped due to unable to tolerate side effects, Indocin, Amitriptyline, MRI and CT scan of the head in the past were negative. December 10, 2014, the primary treating physician requested for Trail Botox right side of scalp 200 units.On January 14, 2015, the Utilization Review denied authorization for Trail Botox right side of scalp 200 units. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Botox right side scalp 200 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 25-26.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, head section, Botox

Decision rationale: Pursuant the Official Disability Guidelines, Botox trial right side of scalp, 200 units is not medically necessary. Botox is not recommended for most chronic pain conditions. It is not recommended for tension type headaches; fibromyositis, myofascial pain syndrome; and trigger point injections. Botox is not generally indicated for low back pain. Indications include cervical dystonia; spinal cord injury; spasticity following TBI; and migraine. In this case, the injured worker's working diagnosis is chronic right side of my headaches. The medical record contains 21 pages. Botox is not indicated for attention type headaches. Botox is indicated for chronic migraine headaches. The documentation does not contain a neurologic consultation with confirmation or non-confirmation of the diagnosis of chronic migraine headaches. Historically, the injured worker does not complain of prodromal symptoms typically seen in migraine (vascular) headaches such as photophobia. Chronic migraine is defined as having a history of migraine and experiencing a headache on most days of the month. The criteria for Botox for chronic migraine are enumerated in the Official Disability Guideline, Head section. The guidelines allow for an initial 12-week trial if certain conditions are met. The treating physician did not consider the number of days per month and the time duration for headaches in the record. There is no documentation of at least three prior first-line migraine headache prophylaxis medications noted. The injured worker takes amitriptyline but none other is documented. Consequently, absent clinical documentation with a neurology consultation and at least three prior first-line migraine headache prophylaxis medications pursuant to the recommended guidelines, Botox trial right side of scalp, 200 units is not medically necessary.