

Case Number:	CM15-0034321		
Date Assigned:	03/02/2015	Date of Injury:	09/12/2009
Decision Date:	04/16/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/23/2015

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: 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 (IW) is a 33 year old female who sustained an industrial injury on 09/12/2009. She reported back pain, pain in the right hip and pain in the right leg, left heel and right knee. The injured worker was diagnosed as having a lumbar disc rupture, sciatica, and trochanteric bursitis Treatment to date has included diagnostic testing, acupuncture, cortisone injections, treatment for depression and anxiety and a severe pain disorder. She has attended a functional restoration program. Currently, the injured worker complains of migraine headaches. Treatment for the headaches includes peripheral stimulation, medications specifically for migraine, Celebrex (in lieu of pain medications), Depakote for headaches, Tizanidine for sleep, and Cambia for severe migraines. The request for authorization is for Botox 200MG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 200MG: Upheld

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

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 is more than 5 years status post work-related injury and continues to be treated for chronic pain including chronic migraines. Criteria for a 12 week trial of 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 therefore the request is not medically necessary.