

Case Number:	CM15-0035936		
Date Assigned:	03/04/2015	Date of Injury:	05/11/2011
Decision Date:	04/23/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/25/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic pain syndrome, fibromyalgia, temporomandibular joint disorder, chronic neck pain, chronic shoulder pain, and headaches reportedly associated with an industrial injury of May 11, 2011. In a Utilization Review Report dated January 27, 2015, the claims administrator failed to approve a request for Botox injections for migraine headaches. Various RFA forms and progress notes interspersed throughout late 2014 were referenced in the determination. The applicant's attorney subsequently appealed. On February 10, 2015, the applicant reported ongoing complaints of neck, shoulder pain, and headaches. The attending provider stated that the applicant needed Botox injections to ameliorate her headaches as medications were not proven beneficial. The applicant was given diagnoses of depression, shoulder pain, chronic headaches, TMJ, and elevated blood pressure. The applicant was no longer working, it was acknowledged. On September 10, 2014, the applicant reported issues with fibromyalgia. Transportation to and from office visits was proposed. Tramadol was written. The applicant's work status was not furnished. In a medical-legal evaluation dated August 25, 2014, it was acknowledged that the applicant was no longer working and was receiving both Workers' Compensation indemnity benefits and Disability Insurance benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection for migraine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 26.

Decision rationale: No, the request for Botox injections was not medically necessary, medically appropriate, or indicated here. As noted on page 25 of the MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are not generally recommended for chronic pain disorders, including the myofascial pain syndrome and/or fibromyositis which appeared to be predominant here. While another section of page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that the evidence is "mixed" on usage of Botox injections for migraine headaches, in this case, however, the applicant's multifocal pain complaints, multiplicity of pain generators, allegations of fibromyalgia, etc., suggested that the Botox injections in question were not in fact, intended for the primary operating diagnosis of migraine headaches. It is further noted that the applicant remained off of work, on total temporary disability, and was receiving both Workers' Compensation indemnity benefits and Disability Insurance benefits, a medical-legal evaluator noted in late 2014, referenced above. Page 26 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that Botox injections for back pain be employed as an option in conjunction with the functional restoration program. By analogy, then, the Botox injections for migraines proposed here should also have been proposed in conjunction with a program of functional restoration. Here, however, the evidence on file did not support the proposition that the applicant was intent on employing the Botox injection in question in conjunction with a program of functional restoration, but, rather, suggested that the applicant was seemingly intent on maximizing disability and/or indemnity benefits. Therefore, the request was not medically necessary.