

Case Number:	CM15-0037413		
Date Assigned:	03/20/2015	Date of Injury:	12/28/1994
Decision Date:	04/14/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

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 59 year old male, who sustained an industrial injury on 12/28/1994. No history is given of what the original injury was, but the accepted body parts include spine, GI, right knee, right shoulder, left ankle, hearing loss, rhinitis, and vascular headaches He reported migraines more than 20-25 per month. The injured worker was diagnosed as having migraines. Treatment to date has included steroids, and frequent ER visits. He has been taking injections of Xeomin on a ten week interval for his migraines. Currently, the injured worker states he had no migraines for three months until his injection of Xeomin was delayed by one and one-half weeks and started getting a migraine. The treatment plan was for continuation of Xeomin at ten week intervals. A request was made for a Follow up Office visit and Xeomin injections 200 units x 10 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xeomin injections 200 units x 10 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25 and 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 has a remote history of a work injury occurring more than 20 years ago. He continues to be treated for multiple orthopedic injuries and for chronic migraines. Being requested is authorization for Xeomin injections times four with one performed every 10 weeks. Xeomin (incobotulinumtoxinA) is recommended for prevention of headache in patients with chronic migraine that have failed conservative treatments and who have responded to an initial 12-week trial of treatment. To treat chronic migraine, onabotulinumtoxinA is given approximately every 12 weeks. In this case, the dose and frequency of injections is within guidelines recommendations and therefore medically necessary.

Follow up Office visit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Pain Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7: Independent Medical Examinations and Consultations, p127.

Decision rationale: The claimant has a remote history of a work injury occurring more than 20 years ago. He continues to be treated for multiple orthopedic injuries and for chronic migraines. Treatment included Xeomin injections. Guidelines recommend consideration of a follow-up if clarification of the situation is necessary. In this case, continued treatment would be dependent on the claimant's response to the injections being performed and, therefore the requested follow-up visit is medically necessary.