

Case Number:	CM15-0081679		
Date Assigned:	05/04/2015	Date of Injury:	08/15/2008
Decision Date:	06/18/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/28/2015

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:

This 56 year old female sustained an industrial injury to the right hip, right knee and neck on 8/15/08. The injured worker suffered from chronic migraine headaches. The injured worker was later diagnosed with chronic pain syndrome. Previous treatment included x-rays, right hip replacement, injections, radio frequency rhizotomies, psychiatric care and medications. In the most recent evaluation submitted for review, dated 11/5/14, the injured worker complained of daily migraine headaches with photophobia, phonophobia and nausea. The injured worker reported sleeping 5-6 hours per night with two interruptions due to pain. Current diagnoses included status post failed right hip arthroscopy, lumbar spine multilevel degenerative changes, bilateral shoulder impingement syndrome, bilateral wrist degenerative joint disease, reactive depression secondary to chronic pain, obesity, bilateral carpal tunnel syndrome, cervical spine muscle spasm, chronic cervical spine pain, migraine headaches and left wrist thenar carpometacarpal joint stabilization surgery. The treatment plan included requesting authorization for Botox injections and medications (Zorvolex, Duloxetine, Nucynta and Pennsaid solution).

IMR ISSUES, DECISIONS AND RATIONALES

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

Prophylactic botox injection into scalp and cervical muscles every 12 weeks for 48 weeks:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc).

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 sustained a work-related injury in August 2008 and continues to be treated for migraine headaches, bilateral shoulder and wrist pain, neck and low back pain, and right hip pain. Headaches are attributed to shoulder and thoracic muscle spasms. Botox was requested every 12 weeks x 4. 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 more than a trial of use is being requested which is not medically necessary.