

Case Number:	CM15-0085687		
Date Assigned:	05/07/2015	Date of Injury:	04/17/2012
Decision Date:	06/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/04/2015

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 is a 59 year old male with an industrial injury dated 04/17/2012. His diagnoses included status post head injury with multiple concussions and development of post-concussion syndrome, chronic migraine headaches, cervical strain, bilateral shoulder strain/sprain and myofascial pain, status post right shoulder surgery and chronic low back pain. Prior treatments included neurology consult, diagnostics, right shoulder surgery, cognitive behavior therapy and medications. He presents on 04/13/2015 with complaints of headaches and pain in the head and neck. He is complaining of 4-5 headaches weekly lasting 12 hours to a day are more. The headaches are associated with sensitivity with light and sound and most of the headaches start with an aura involving blurred vision. Current medications include Flexeril, Fiorinal, Zofran, Prazosin, Atorvastatin, Brintellix, Aspirin, Buspirone and Effient. His pain is rated as 8-9/10 without medications and 4-5/10 with medications. Physical exam of the cervical spine revealed mild tenderness in the superior trapezius with decreased range of motion. There was diffuse tenderness about both shoulders with mild weakness related to pain in the shoulders. Range of motion was decreased in the shoulders. The provider notes considering the patient's ongoing chronic headaches and failure of multiple other treatments, the patient is currently a candidate for Botox injections for chronic migraine. Treatment plan includes Botox treatment for chronic migraine headaches, physical therapy for the cervical spine and cognitive behavioral therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox treatment-two vials of 100 units each of which 155 units will be utilized: 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 is more than 2 years status post work-related injury and continues to be treated for the residual effects of a traumatic head injury including headaches. When seen, headaches were occurring 4-5 times per week and last up to a day or more. Current medications included Flexeril, Fiorinol, and Zofran was being prescribed for nausea. Authorization for Botox injections was requested. 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 any adequate trial of a first-line medication for prophylaxis and therefore the request is not medically necessary.