

Case Number:	CM14-0211686		
Date Assigned:	12/24/2014	Date of Injury:	09/16/2008
Decision Date:	03/03/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/17/2014

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 60-year-old female who reported an injury on 09/16/2008. The mechanism of injury involved a fall. The current diagnosis is chronic migraine headaches. Previous conservative treatment is noted to include Botox injections. The injured worker presented on 09/15/2014 with complaints of chronic migraine without aura. The physical examination was within normal limits. The current medication regimen included Soma 350 mg, trazodone 100 mg, alprazolam 0.5 mg, Celebrex 200 mg, Lyrica 75 mg, Cymbalta 60 mg, Skelaxin 800 mg, Topamax 100 mg, Kadian 30 mg, fentanyl 25 mcg, and Vicodin 5/500. The treatment plan was to continue with Botox injections. A Request for Authorization form was submitted on 11/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 200 units and administer: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Botulinum toxin for chronic migraine

Decision rationale: The Official Disability Guidelines state Botox may be indicated for prevention of chronic migraine headaches. According to the documentation provided, the injured worker has been treated with Botox injections; however, there was no evidence of objective functional improvement. There was no indication that the frequency of the migraines was reduced by at least 7 days per month, or the duration by at least 100 hours per month. In the absence of the above information, the request is not supported. The request does not include a specific body part or location. As such, the request is not medically necessary.