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| Case Number: | CM15-0110616 | | |
| Date Assigned: | 06/17/2015 | Date of Injury: | 05/15/2009 |
| Decision Date: | 07/20/2015 | UR Denial Date: | 05/15/2015 |
| Priority: | Standard | Application Received: | 06/08/2015 |

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: California

Certification(s)/Specialty: Emergency 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 injured worker is a 48 year old male who sustained an industrial injury on 05/15/2009. The injured worker was diagnosed with chronic low back pain with residual neuropathic pain, lumbar spondylosis with facet hypertrophy, chronic headaches, depression and hypertension. The injured worker is status post L4-L5 microdiscectomy and foraminotomy in September 2011 and an anterior posterior fusion in June 2012. Treatment to date has included diagnostic testing, surgery, multiple lumbar transforaminal epidural steroid injections, catheter directed lumbar epidural steroid injection in October 2014, psychiatric evaluations and therapy, evaluation and treatment for industrial related hypertension, Botox injections in February 9, 2015, Toradol intramuscularly injections and medications. According to the primary treating physician's progress report on May 6, 2015, the injured worker continues to experience lower back and right lower extremity pain. The injured worker also reports his migraine headaches have increased in frequency over the past month. Medical documentation noted the injured worker is experiencing one to two headaches a week and he has increased the use of Maxalt. Prior Botox injections were noted to have offered relief in headache frequency from seven headaches a week to three a week initially and then to 1-2 headaches a month. The injured worker's industrial related hypertension is being treated with medication with a noted blood pressure of 120/91. Current medications are listed as Norco, Maxalt, Cymbalta, Lyrica, Allopurinol, Atenolol and Meloxicam. Treatment plan consists of continuing with medications, re-trial Lidocaine patches, urine drug screening, right L2-L3 and L3-L4 transforaminal epidural steroid injection under fluoroscopy, re-evaluation

with spine surgeon and the current request for a neurology consultation specifically for Botox injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurology consultation for Botox Injection: Upheld

Claims Administrator guideline: The Claims Administrator 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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26 of 127.

Decision rationale: The patient is a 48 year old male who sustained an injury in May of 2009. He has subsequently been diagnosed with chronic low back pain with neuropathy as well as chronic headaches. The request is for a neurology consultation for the purpose of receiving a repeat Botox injection to aid in headache pain relief. The MTUS guidelines state the following regarding Botox use: "Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Several recent studies have found no statistical support for the use of Botulinum toxin A (BTXA) for any of the following: The evidence is mixed for migraine headaches. This RCT found that both botulinum toxin type A (BoNTA) and divalproex sodium (DVPX) significantly reduced disability associated with migraine, and BoNTA had a favorable tolerability profile compared with DVPX. (Blumenfeld, 2008) In this RCT of episodic migraine patients, low-dose injections of BoNTA into the frontal, temporal, and/or glabellar muscle regions were not more effective than placebo. (Saper, 2007) Botulinum neurotoxin is probably." As stated above, the guidelines do not certify the use of botox for the treatment of tension or migraine headaches as their is mixed evidence with regards to its efficacy. As such, a neurology consultation for this purpose would not be medically necessary.