

Case Number:	CM15-0111290		
Date Assigned:	06/17/2015	Date of Injury:	02/09/2012
Decision Date:	07/17/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/09/2015

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: 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 38 year old female, who sustained an industrial injury on 02/09/2012. She has reported subsequent neck, head, back, bilateral upper extremity and left knee pain and numbness and was diagnosed with headaches, cervicgia with intermittent left upper extremity radiculopathy, lumbago with intermittent radiculopathy and left shoulder pain. Treatment to date has included medication, physical therapy, application of cold and a home exercise program. In a progress note dated 04/27/2015, the injured worker complained of worsening headaches that were confining the injured worker to bed associated with jaw pain and traveled to the back of the neck with occasional blurred vision and photosensitivity. Objective findings were notable only for a depressed mood. The physician noted that the injured worker had failed severe preventatives for headaches. A request for authorization of Botox injections 200 units was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection, 200 units, Qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc) Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox Page(s): 25, 26. Decision based on Non-MTUS Citation ODG, Head Chapter, Botox.

Decision rationale: Regarding the request for botulinum toxin, Chronic Pain Medical Treatment Guidelines state that botulinum toxin has mixed evidence for migraine headache. However, since these guidelines were released, Botox is now FDA approved for chronic migraines since additional supportive studies have been carried out. The ODG recommends botulinum for prevention of headache in patients with chronic migraine. ODG states that to treat chronic migraine, botulinum toxin A is given approximately every 12 weeks as multiple injections around the head and neck to try to dull future headache symptoms. It has not been shown to work for the treatment of episodic migraine headaches that occur 14 days or fewer per month, or for other forms of headache. ODG recommends continuation of Botox for migraine headache prophylaxis if the frequency of headaches was reduced by at least 7 days per month (when compared to pre-treatment average); or duration was reduced by at least 100 hours per month (compared to pre-treatment). Within the documentation available for review, there is no specific diagnosis of chronic migraine headache. Rather the recent progress notes document headache, which can include a variety of chronic headaches for which Botox is not approved. There is no clear documentation that the patient experiences 15 or greater headache days per month. As such, the current request is not medically necessary.