MAXIMUS Federal Services

Case Number:	CM15-0026540		
Date Assigned:	02/18/2015	Date of Injury:	08/12/2010
Decision Date:	04/02/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/11/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] employee who has filed a claim for migraine headaches reportedly associated with an industrial injury of August 12, 2010. In a Utilization Review Report dated January 10, 2015, the claims administrator denied a request for Botox injections for alleged chronic migraines. A January 5, 2015 progress note was referenced in the determination. The applicant had reportedly had 20 headaches monthly, it was suggested. The claims administrator noted that the applicant had alleged development of headaches secondary to a failed lumbar puncture procedure. The applicant's attorney subsequently appealed. On October 22, 2014, the applicant was described as having chronic pain and disability associated with depression and anxiety. Psychotherapy was endorsed. In a January 14, 2015 progress note, handwritten, difficult to follow, not entirely legible, a weight management consultation, physical therapy, dietary supplements, and MRI imaging of the brain were endorsed while the applicant was placed off of work, on total temporary disability. Large portions of the progress notes were difficult to follow. In an RFA form dated January 6, 2015, Botox injections were sought. On January 5, 2015, the applicant's pain management physician noted that the applicant had 20 monthly headaches. The applicant stated that Topamax, Maxalt, and Depakote had not provided significant relief for alleged migraine headaches sometimes associated with nausea and vomiting. Botox injections were proposed. The remainder of the file was surveyed. There was no clear evidence that the applicant had had previous Botox injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection 200 units: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 26 of 127.

Decision rationale: Yes, the request for Botox injections for chronic migraines was medically necessary, medically appropriate, and indicated here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines notes that the evidence on Botox injections for migraine headaches is "mixed," in this case, however, the treating provider has contended that the applicant has failed a variety of first-, second , and third-line treatments, including physical therapy, abortive medications for migraines, prophylactic medications for migraines, etc. The request in question appears to be a first-time request for Botox injections. Moving forward with a trial of the same was, thus, indicated, despite the tepid MTUS position on the same, given the failure of multiple first-, second-, and third-line treatments. Therefore, the request was medically necessary.