

Case Number:	CM15-0072609		
Date Assigned:	04/22/2015	Date of Injury:	06/07/2000
Decision Date:	05/26/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	04/16/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 64 year old female, who sustained an industrial injury on 06/07/2000. On provider visit dated 03/10/2015 the injured worker has reported a migraine. On examination she was noted to have distress with an acute headache associated with photophobia. The diagnoses have included chronic migraines. Treatment to date has included neurology consultation, head CT scan and medication. The provider requested Botox 200 units and administer for chronic migraine headaches.

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 for chronic migraine headaches: 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 - head, botulinum toxin.

Decision rationale: The medical records indicate condition of migraine headache that has become chronic daily and has not responded to other treatments. Pooled results of 2 large,

randomized, placebo-controlled trials show that botulinum toxin is an effective, safe, and well-tolerated treatment for the prevention of headache for patients with chronic migraine. (Dodick, 2009) On October 16, 2010, the FDA approved onabotulinumtoxinA (Botox; Allergan Inc) for headache prophylaxis in patients with adult chronic migraine who suffer headaches on 15 or more days per month, each lasting more than 4 hours. To treat chronic migraine, onabotulinumtoxinA is given approximately every 12 weeks as multiple injections around the head and neck to try to dull future headache symptoms. However, botox is not supported under ODG guidelines at a dose of 200 units for administration in patient with chronic daily migraine. Therefore is not medically necessary.