

Case Number:	CM15-0091825		
Date Assigned:	05/18/2015	Date of Injury:	08/06/1987
Decision Date:	06/22/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/12/2015

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: 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 injured worker (IW) is a 51 year old female who sustained an industrial injury on 08/06/1987. She reported chronic headaches on the posterior aspect of her head on the right - hand side near the base of the head at the neck following a motor vehicle accident. The injured worker s diagnoses include cervical spine fusion, chronic headaches, hypothyroidism, and essential hypertension. Treatment to date has included treatment for acute exacerbation of chronic intermittent headaches in the emergency department, and treatment with a neurologist for chronic migraine. She has received oral, intramuscular medications, and Botox targeted injections for her migraines. In a report of 03/26/2015 the injured worker complains of migraine headaches which escalate from aching to stabbing and pulsating posterior pain that radiates to the anterior region. She earlier described Botox injections as leading to an improvement from 9/10 to 4/10 and an improvement in daily functional activities such as walking, household chores, grocery shopping, etc. She also reported a decrease in frequency of migraines from 30 days/month down to 4 days/month after the Botox was provided. On the 03/26/2015 visit however, the worker had received Botox earlier in the month and was also using Cambia that was typically successful for the "beginning" of a mild headache but not successful for a 'full blown headache". In the 03/26/2015 visit she requested Percocet for when her pain was "real bad". The pain location and quality was unchanged. Severity was unchanged. Pain moderately interfered with her general activity, mood, walking ability, work, personal relationships, sleep and enjoyment of life. Overall, the patient appeared to be frustrated with ongoing pain. In a later visit (04/21/2015) to the Emergency Department for her headaches, she was alert and

oriented and in mild distress, her BP was 137/90 with a heart rate of 74, and neurologic exam was normal. Dilaudid, Benadryl and Toradol in combination were given intramuscularly with symptom improvement. Her current medications included Percocet, Tizanidine, Cambia, Levothroid, Lisinopril, Cyclobenzaprine, Fluticasone, and Zofran. She awaits an answer to the request for Botox 200 Units for the head and neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 200 Units for the head and neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Section Page(s): 25, 26.

Decision rationale: The MTUS Guidelines do not recommend the use of Botox for chronic pain disorders, but do recommend for cervical dystonia. Botox is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Botox is being requested for chronic headache. The request for Botox 200 Units for the head and neck is not medically necessary.