

Case Number:	CM15-0095075		
Date Assigned:	05/22/2015	Date of Injury:	01/12/2006
Decision Date:	06/25/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/19/2015

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, Florida, 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 is a 49 year old male, who sustained an industrial injury on 1/12/2006. He reported a fall from 20 feet. The injured worker was diagnosed as having depression, major/recurrent, status post amputation of the right leg with prosthesis replacement, closed head injury with posttraumatic head syndrome, and migraine headaches. Treatment to date has included diagnostics, medications, and mental health treatment. Currently, the injured worker complains of weight gain. He stated weight at 280 pounds and reported not being active and having no motivation. His affect was depressed. Medication use included Duloxetine, Trazadone, and Liothyronine. He was not working. The supplemental report, dated 2/20/2015 referenced Qualified Medical Examination (12/28/2011), noting headaches, primarily on the right side, noting combination of muscle contraction and cervicogenic headaches, along with migraines. A history of head trauma was not noted. Agreed Medical Re-Evaluation (4/23/2013) noted recommendation for Botox injections and a series of treatments for his neck and tension related to chronic headaches. The progress report, dated 10/24/2014, noted complaints of intermittent tremor in his hand, headaches coming from the back of his neck (right greater than left), and in the temples, noted as all day and especially if he did not take Naprosyn. His blood pressure was 110/70 and cranial exam was normal. He ambulated with a right leg prosthesis. It was documented that he may benefit from Botox therapy trigger point injections for chronic headaches and Zomig nasal spray for migraines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Criteria for botulinum toxin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 25 of 127.

Decision rationale: The MTUS notes this treatment is 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: Migraine headaches, Myofascial analgesic pain relief as compared to saline. (Qerama, 2006) Use as a specific treatment for myofascial cervical pain as compared to saline. (Ojala, 2006) (Ferrante, 2005) (Wheeler, 1998) Injection in myofascial trigger points as compared to dry needling or local anesthetic injections. (Kamanli, 2005) (Graboski, 2005). There are no conditions noted for which the unique effectiveness of Botox is beneficial. Also, oddly, there was no frequency or duration of the therapy provided to evaluate. The request is not medically necessary.