

Case Number:	CM15-0099386		
Date Assigned:	06/01/2015	Date of Injury:	03/28/2013
Decision Date:	07/07/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/22/2015

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 43 year old female, who sustained an industrial injury on 03/28/2013. She reported that she was helping a resident/patient when another resident/patient attacked her and beat her repeatedly about the face and body. According to a progress report dated 05/13/2015, the injured worker was seen for a follow up. She continued to have headaches on a daily basis that had become worse over time. Medication regimen included Alprazolam, Levothyroxine, Lovastatin, Omeprazole, Sertraline, Timolol, Tramadol and Zipsor. Diagnosis included chronic migraine without aura, without mention of intractable migraine without mention of status migrainosus. She had failed multiple prophylactic medications including nortriptyline, Topamax and Timolol. The treatment plan included Botox injections, Sumatriptan and repeat MRI of the brain. Currently under review is the request for Botox injection, Botox, MRI of the brain and Sumatriptan. An MRI of the brain dated May 26, 2015 is read as normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection (units), QTY: 200: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Botulinum toxin for chronic migraine.

Decision rationale: Regarding the request for Botox, Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Guidelines go on to state specifically that botulinum is, "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." ODG recommends botulinum for prevention of headache in patients with chronic migraine. ODG states that to treat chronic migraine, onabotulinum 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 description of the frequency and duration of the headaches. As such, the currently requested Botox is not medically necessary.

Botox (units not specified), QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation X Official Disability Guidelines (ODG), Head Chapter, Botulinum toxin for chronic migraine.

Decision rationale: Regarding the request for Botox, Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Guidelines go on to state specifically that botulinum is, "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." ODG recommends botulinum for prevention of headache in patients with chronic migraine. ODG states that to treat chronic migraine, onabotulinum 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 description of the frequency and duration of the headaches. As such, the currently requested Botox is not medically necessary.

MRI of the brain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation x Official Disability Guidelines (ODG) Head Chapter, CT (computed tomography) and MRI (magnetic resonance imaging).

Decision rationale: Regarding the request for MRI of the brain, California MTUS does not address the issue. ODG cites that CT is indicated for focal neurologic deficits and MRI is indicated to determine neurological deficits not explained by CT. Within the documentation available for review, there is no documentation of neurologic deficits. Additionally, it appears the patient recently underwent a brain MRI, and there is no statement indicating why a repeat MRI of the brain would be needed at the current time. In light of the above issues, the currently requested MRI of the brain is not medically necessary.

Sumatriptan (Quantity Unknown), QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans and Other Medical Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: http://ihs-classification.org/en/02_klassifikation/02_teil1/01.01.00_migraine.html.

Decision rationale: Regarding the request for sumatriptan, California MTUS does not contain criteria regarding the use of triptan medications. ODG states the triptans are recommended for migraine sufferers. The International Headache Society contains criteria for the diagnosis of migraine headaches. Within the documentation available for review, there is no indication that the patient has met the criteria for the diagnosis of migraine headaches. As such, the currently requested sumatriptan is not medically necessary.