

Case Number:	CM13-0044222		
Date Assigned:	12/27/2013	Date of Injury:	09/25/1990
Decision Date:	01/23/2015	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/28/2013

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 chronic migraines headaches reportedly associated with an industrial injury of September 25, 1990. In a Utilization Review Report dated September 26, 2013, the claims administrator denied a request for Botox injections, 200 units every three months for one year. The Claims Administrator stated that its decision was based on dental progress notes dated August 28, 2014, and an associated RFA form dated September 19, 2013. The applicant's attorney subsequently appealed. In a November 6, 2014 progress note, the applicant apparently received multiple Botox injections, despite the unfavorable prior utilization review decision. The applicant was using Prozac, Imitrex, Maxalt, and Norvasc, aspirin, topical Diclofenac, Motrin, Levoxyll and dietary supplements. The applicant's work status was not provided. In a medical-legal evaluation dated September 2, 2009, the applicant was described as having superimposed issues with fibromyalgia, superimposed and ongoing, longstanding issues with migraine headaches. The medical-legal evaluator suggested that the applicant employ Namenda for chronic pain purposes. The applicant's work status was not provided. In a rheumatological medical-legal evaluation dated March 21, 2008, the applicant stated that she continued to work full time as a human resources director as of that point in time. On March 15, 2013, the applicant's dentist sought authorization for Botox injections for reported migraines headaches and myofascial pain complaints. On April 19, 2013, the applicant again reported ongoing complaints of migraines headaches. The applicant received a Botox injection on that date. On May 24, 2013, repeat Botox injections were again sought. The applicant's work status was not provided. The applicant was using Synthroid, Xyrem, Aspirin, Vesicare, Zomig, Maxalt, Imitrex, Prozac, Tenormin, Zantac, Prevacid, and Motrin, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botulinum Toxin Injections 200 units every three months for one year: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to The Chronic Pain Management section; Botulinum Toxin topic Pa.

Decision rationale: While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that the evidence on Botox injections is "mixed for migraine headaches." This recommendation, however, is qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, the request, thus, is at odds with page 8 of the MTUS Chronic Pain Medical Treatment Guidelines as the attending provider had seemingly sought authorization for four Botox injections over one year. The request, thus, as written, contains no Proviso to reevaluate the applicant between each injection so to ensure a favorable response to the same before moving forward with further injections. Therefore, the request is not medically necessary.