

Case Number:	CM14-0147658		
Date Assigned:	09/15/2014	Date of Injury:	04/28/2004
Decision Date:	10/22/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/11/2014

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 Internal 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 injured worker is a 35-year-old male who reported an injury on 04/28/2004 due to being struck in the left forehead forcibly by a metal ball on a cable. The injured worker recalled falling backwards and then awakening in the hospital. Diagnoses were status post 3 nasal surgeries, the most recent one on 12/09/2010, previous ones in 2004 and 2005; chronic headaches following his concussion; left eye symptoms better, but persistent visual problems in the right eye; CT of the brain in 04/2004 showed fractures of the right orbital floor and medial wall of the right orbit, inferior orbital rim, right nasal bone fracture; low back pain, industrially distributed; CT of sinus without contrast from 11/19/2009 showed small right concha bullosa and pneumatized left uncinat process. Physical examination on 02/27/2014 revealed complaints of sinus congestion. The injured worker was taking Motrin for his headaches. It was reported that the injured worker was breathing fairly well through his nose at the time of the visit. The treatment plan was to continue Motrin for the headaches, and also to authorize referral to an ENT. The request was for 200 units of botox. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

200 units of Botox: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Botulinum Toxin for Chronic Migraine

Decision rationale: The decision for 200 units of botox is not medically necessary. The Official Disability Guidelines state botulinum toxin for chronic migraine is recommended. It can be used for the prevention of headache in patients with chronic migraine. Criteria for botulinum toxin (botox) for prevention of chronic migraine headaches are an initial 12 week trial if all of the following are met: diagnosed with chronic migraine headache, more than 15 days per month with headaches lasting 4 hours a day or longer; not responded to at least 3 prior first line migraine headache prophylaxis medications (choose from these medications: amitriptyline, metoprolol, propranolol, timolol, topiramate, valproic acid); continuing treatment for ongoing prevention is frequency reduced by at least 7 days per month, duration was reduced by at least 100 hours per month; discontinue if headache days reduced to less than 15 days a month over 3 consecutive months. The injured worker was reported as taking ibuprofen for headaches. It was reported that the ibuprofen helped with the headaches. There were no significant factors provided to justify a decision for 200 units of botox. Therefore, this request is not medically necessary.