

<b>Case Number:</b>	CM13-0023390		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	12/28/1994
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	08/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records: 57 year-old male with Injury date 10/16/13, who suffers from chronic headaches. The request for Myobloc to treat the patient's headaches have been denied per UR letter 8/19/13. A 8/9/13 report is by [REDACTED], a neurologist. He states that the patient is now headache-free, zero headaches. He will do his usual alteration with myoblock about every one to two years alternating with botox and Xeomin. 5/14/13 report by [REDACTED] states that the patient has history of migraine and chronic daily headaches. He was late 4 weeks on his toxin and he can tell it is wearing off in 3months but he could not get in. He had 6 headaches during the 3 months and has had more in the last month. He takes Maxalt rarely. Botox was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myobloc 5000 units:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 175. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), treatment recommendations..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox®; Myobloc®) Page(s): 25-26.

**Decision rationale:** MTUS does not appear to support Botox injections for tension-type headaches, episodic migrainous headaches. It does admit that evidence is mixed for migraines. When reading ODG guidelines, it supports botox injections for "chronic migrainous headaches" with more than 15 episodes per month. In reviewing this patient's reports, it is clear that prior to botox and myobloc alternating injections, the patient was experiencing 15 and more episodes of headaches per month. Following the toxin treatments, the patient's headache become resolved for the most part. Recommendation is for authorization of myobloc 5000 units. Due to antibody development against botox type A, alternating with type B may be more effective.