

<b>Case Number:</b>	CM13-0037470		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/06/2009
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 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 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 patient has a date birth March 30, 1960 and date of injury of November 6, 2009. The patient is being treated for brachial neuritis, cervicgia, brain injury concussion, myalgia and myositis. According to utilization review, the patient on September 26, 2013 states that she has the pain level of 8-10/10 regarding her migraines. The patient has been helped by Relpax and nortriptyline. As of May 3, 2013 the patient had reduced cervical range of motion because of pain, straight leg raise positive on the right at 30° and on the left at 60°, with decreased range of motion. There is no spasm in the cervical muscles or the paravertebral muscles. The latest note for review for independent medical review is June 26, 2013. The note indicated the patient wanted to discuss sleep and migraines. The patient had done a [REDACTED] for her migraine, and the patient was given nortriptyline by the primary treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injections for migraines:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Botox Page(s): 25.

**Decision rationale:** MTUS does not recommend Botox for treatment of chronic headaches such as migraines. There is no evidence this medication provides relief beyond placebo. In addition it appears the patient had been having some benefit with oral medications. There is no indication that the Botox was to be given in other fashion other than episodic in nature. There is no evidence that the medication works in episodic treatments. Therefore, Botox for migraine headaches is not appropriate