

<b>Case Number:</b>	CM13-0042986		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	02/19/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2013

### 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 PM&R, has a subspecialty in Pain 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 injured worker is a 52-year-old male with a diagnosis of postconcussive syndrome and chronic daily headache. The headache qualities are consistent with migraine. The patient has documentation of photophobia, phonophobia, and nausea. The patient has tried multiple medications including Topamax, gabapentin, Cambia, and Sprix spray. The disputed issue is a request for Botox 200 units. A utilization review letter states that the only recommended indication is for cervical dystonia according to the California Medical Treatment and Utilization Schedule. The letter concludes "It is also not recommended for headache; fibromyalgia cites; chronic neck pain; myofascial pain syndrome; and trigger point injections. Thus, without evidence of significant deficits upon exam such as cervical dystonia, the medical necessity for Botox is not established."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox 200 units:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botox Heading Page(s): 25-26.

**Decision rationale:** In the case of this injured worker, the requesting healthcare provider has diagnosed chronic migraine, and the patient suffers from daily headaches. The Chronic Pain Medical Treatment Medical Guidelines specify that the evidence is mixed for Botox injections, and guidelines stop short of explicitly recommending Botox for migraine. It is noted that since this section of the California Medical Treatment and Utilization Schedule was authored, further supportive studies for botulinum toxin have been conducted for chronic migraine. In fact, there is an FDA indication for Botox in chronic migrainous patients who suffer greater than 15 headache days per month. The California Medical Treatment and Utilization Schedule states "Treatment shall not be denied on the sole basis that the condition or injury is not addressed by the MTUS. In this situation, the claims administrator shall authorize treatment if such treatment is in accordance with other scientifically and evidence-based, peer-reviewed, medical treatment guidelines that are nationally recognized by the medical community, in accordance with subdivisions (b) and (c) of section 9792.25, and pursuant to the Utilization Review Standards found in section 9792.6 through section 9792.10." Given the supportive literature and FDA indication for chronic migraine, the request for Botox 200 units is recommended for certification.