

<b>Case Number:</b>	CM13-0061318		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/25/1990
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	11/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2013

### 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 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 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:

This is a 56 year old female with a 9/25/90 injury date. The mechanism of injury was not provided. The documentation provided includes only one follow-up note from 7/23/13. Subjective complaints included bilateral shoulder soreness and 9/10 pain without medications. The provider notes that the patient has had 2 prior Botox injection treatments in the past with significant improvement. Objective findings included tenderness over the trapezius muscles, good shoulder range of motion, and positive fibromyalgia trigger points. Diagnostic impression: chronic migraines, fibromyalgia. Treatment to date: Botox injections, medications, physical therapy. A UR decision on 11/6/13 denied the request for Botox 200 units every 3 months for 1 year on the basis that there was no documentation of decreased pain, decreased use of medications, or increased functionality after the last injections. In addition, Botox is generally recommended only for cervical dystonia and blepharospasm.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox (Botulinum Toxin) 200 Units Every 3 Months for 1 Year: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Onabotulinumtoxin A).

**Decision rationale:** CA MTUS states that Botox injections are not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. The FDA has recently supported the use of Botox injections in the treatment of chronic migraine (CM). CM is a highly disabling form of chronic daily headache. To be classified as CM, headaches must occur on at least 15 days per month and meet criteria for migraine on at least eight of those days. However, there is not enough documentation or objective evidence in the history and physical exam to support a diagnosis of CM. In addition, it is not clear what the extent and duration of relief was after previous injection treatments, or if any functional benefit was obtained. Therefore, the request for Botox (botulinum toxin) 200 units every 3 months for 1 year is not medically necessary.