

<b>Case Number:</b>	CM13-0070967		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	03/11/2010
<b>Decision Date:</b>	06/09/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a [REDACTED] employee who has filed a claim for tension headache associated with an industrial injury of March 11, 2010. Thus far, the patient has been treated with sedatives, NSAIDs, Fioricet, Excedrin, Gabapentin and other anticonvulsants, opioids, and left cervical transforaminal block. There is previous authorization for trigeminal and occipital nerve block on December 2013 but there is no documentation whether these have been performed already. A review of progress notes almost-daily headaches located at the left occipital region radiating to the left retro-orbital and posterolateral neck regions with photophobia and phonophobia. There is also history of non-epileptic seizures, having five documented episodes from 2010 to 2013 with loss of consciousness and tonic-clonic activity. Work-up including brain CT, brain MRI, cervical MRI, and EEGs were unremarkable. The utilization review dated December 18, 2013 indicates that the claims administrator denied a request for Botox 200 units for head and neck as this is recommended for cervical dystonia and not for tension or migraine headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BOTOX 200 UNITS FOR HEAD AND NECK:** Upheld

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

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

**Decision rationale:** California MTUS states that Botox injections are not generally recommended for chronic pain disorders, but recommended for cervical dystonia. They are not recommended for the following: tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, & trigger point injections. In this case, patient has post-traumatic headache presenting similar to chronic migraine possibly complicated by medication overuse. There is no documentation of weaning of these pain medications. Also, there is previous authorization for trigeminal and occipital nerve blocks but documentation of whether or not they have resulted in significant benefit was not provided. Also, Botox injections are not recommended for tension-type or migraine headaches. Therefore, the request for Botox 200 units for head and neck was not medically necessary per the guideline recommendations of MTUS.