

<b>Case Number:</b>	CM14-0000871		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	03/12/2001
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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 Family 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 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 63 year old man who is requesting Botox injections for chronic migraine headaches. His history is significant for a work injury on 3/12/2001. He had fallen and sustained a number of injuries to include: right femur fracture, right hip dislocation, left sided pelvic fracture, and a left calcaneal fracture. He received extensive care for these injuries. His other relevant ongoing medical problems include hypertension, generalized anxiety disorder, gastroesophageal reflux, hypogonadism, impotence, post-traumatic stress disorder, depression, and low back pain. His medication regimen includes aspirin, Clonazepam, Flexeril, Dilaudid, Metoprolol, Levitra, and Maxalt. There is a letter from his lawyer, [REDACTED], dated 1/6/2014. It provides a response to the non-certification recommendation from [REDACTED] regarding the use of Botox. It states that the patient carries the diagnosis of posttraumatic chronic migraine headaches and was referred for botulinum toxin injections for the treatment of these. He has been using Maxalt, an abortive therapy for his migraines. The patient feels the injections, done every 3 months are extremely helpful. The entire content of the medical records were reviewed and include the aforementioned letter by the patient's attorney and the noncertification letter dated 12/6/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BOTOX INJECTIONS:** Upheld

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

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines (Pages 25-26) state that Botulinum toxin is "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." There is very little documentation in the medical records regarding the diagnosis or treatment of this patient's headache. There is no clear description as to the nature of the headache or its associated symptoms. There is no evidence of a physical examination or other relevant testing for these headaches. There is no documentation in the medical records on the effect of these injections on the patient's functional status or use of other analgesic medications. Other than the use of Maxalt as an abortive therapy for migraines, there is no evidence that the patient was placed on therapeutic trials of commonly used prophylactic medications for migraine headache.