

<b>Case Number:</b>	CM14-0005519		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	12/13/2012
<b>Decision Date:</b>	06/12/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2014

### 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 Internal Medicine Pulmonary Diseases, 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 injured worker is a 55 year old female who reported an injury on 12/13/2012. Per the clinical note dated 12/19/2013 the injured worker reported continued neck pain radiating to bilateral upper extremities and low back pain. The injured worker rated her pain at 7/10 and characterized it as intermittently sharp, dull, throbbing, aching, and pins and needles. The diagnoses for the injured worker included lumbosacral spondylosis, brachial neuritis, cervical radiculopathy, anterior cervical discectomy and fusion, and lumbalgia. Per the operative note dated 09/11/2013 the injured worker underwent a medial branch block to the bilateral L4-L5 dorsal ramus. The request for authorization for medical treatment was not provided in the documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BOTOX 110 MG INJECTION IN OFFICE FOR MIGRAINES: 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 Botulinum Toxin Page(s): 25-26.

**Decision rationale:** Per the CA MTUS guidelines Botulinum toxin A is not generally recommended for chronic pain disorders, tension-type headache, migraine headache,

fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. However it is recommended for cervical dystonia. The evidence is mixed regarding the use of Botulinum toxin A (BTXA) for migraine headaches. One recent clinical trial found that both botulinum toxin type A (BoNTA) and divalproex sodium (DVPX) significantly reduced disability associated with migraine, and BoNTA had a favorable tolerability profile compared with DVPX, in another trial of episodic migraine patients, low-dose injections of BoNTA into the frontal, temporal, and/or glabellar muscle regions were not more effective than placebo. The documentation provided for the injured worker stated the injured worker reported migraine headaches lasting greater than four hours. However, the guidelines do not recommend Botulinum toxin A for migraine headaches. It did not appear the injured worker had a diagnosis of cervical dystonia. Therefore, the request for Botox 110mg injection in office for migraines is not medically necessary.