

<b>Case Number:</b>	CM14-0006835		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	08/31/2012
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Occupational 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:

This is a 52-year-old male with a 8/31/12 date of injury. The mechanism of injury is not noted. In a 12/11/13 progress report, the patient presented with headache. The physical findings include generalized, moderate tenderness over the neck and shoulder girdle, and movement moderately restricted in all directions of head and neck. Diagnostic Impression: Cervical spondylosis, cervicgia, GI upset, chronic daily migraines. The treatment to date: medication management, activity modification A Utilization Review decision dated 12/27/13 denied the request for botox injections. The rationale for denial was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BOTOX INJECTIONS FOR MIGRAINE HEADACHES:** Upheld

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

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

**Decision rationale:** The CA MTUS does not support the use of Botulinum toxin for migraines, however the FDA approved Botox to treat chronic migraines(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. Compared with patients receiving placebo, BTX-treated patients had significantly fewer migraine and headache days, less disability due to migraine, and were less likely to use triptans for acute pain. However, the request does not specify the number of units, duration of treatment, and injection site. The patient is on Imitrex, and there is no documentation that the patient has failed this treatment. The patient is noted to have chronic daily migraines and the FDA does support the use of Botox for chronic migraines, however this request does not specify the quantity requested. Therefore, the request for Botox injections for migraine headaches, as submitted, was not medically necessary.