

<b>Case Number:</b>	CM14-0009205		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	04/19/2004
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/23/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Tennessee. 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 49-year-old female who has submitted a claim for cervical degenerative disc disease, depression associated with chronic pain, migraine headaches, and opioid induced constipation, all associated with an industrial injury date of 4/19/04. Medical records from 2012 to 2014 were reviewed, which showed that the patient complained of neck pain radiating to the arms with numbness and tingling. She also complains of chronic migraine headaches. Physical examination showed tenderness over the cervical spine, bilateral cervical paraspinal muscles, and bilateral upper trapezius muscles. Cervical spine range of motion was limited in all planes with discomfort. Hyporeflexia, weakness, and hypoesthesia were noted in the bilateral upper extremities. Treatment to date has included medications, TENS, occipital nerve blocks, Toradol injection, cervical epidural steroid injection, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **BOTOX 200 UNITS INJECTION WITH 3 REFILLS TO BE MIXED AND ADMINISTERED BY MD IN OFFICE: Upheld**

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

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

**Decision rationale:** According to pages 25-26 of the California MTUS Chronic Pain Medical Treatment Guidelines, Botox is not generally recommended for chronic pain disorders but recommended for cervical dystonia. Furthermore, Botox is not recommended for tension-type headache, migraine headache, and chronic neck pain. In this case, the patient is diagnosed to have migraine headaches. Botox injections were requested to reduce reliance on triptan medications. However, guidelines do not support botox for migraine headache and chronic neck pain. The medical necessity has not been established.