MAXIMUS Federal Services

| Case Number: | CM14-0011719 | | |
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| Date Assigned: | 04/09/2014 | Date of Injury: | 02/10/2013 |
| Decision Date: | 08/14/2014 | UR Denial Date: | 12/26/2013 |
| Priority: | Standard | Application Received: | 01/29/2014 |

## 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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Ohio. 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 58-year-old male who reported an injury on 02/10/2013, due to an unknown mechanism of injury. The injured worker complained of migraines with associated nausea and vomiting. He also developed dizziness, which caused him to fall. The clinical note dated 04/18/2014 noted the injured worker reported he had been having a migraine since noon that Monday which was unrelenting and was the longest lasting migraine he had ever had. The provider noted the patient stopped using Fioricet, Tramadol, and Zofran for his headaches after the prior visit. The provider indicated noise and light sensitivity remained. The provider recommended the injured worker try Valporic acid give the frequency and severity of the migraines. On 05/29/2014, the physical examination revealed a mild left facial droop, in an upper motor neuron pattern. The provider indicated Valporic acid was stopped due to intolerable side effects. The injured worker developed dizziness causing him to fall and he also reported hair loss from his legs and scalp from the medication. The duration of the injured workers, headaches were longer. According to the documentation, an MR angiogram was performed on 04/30/2014, which showed no evidence of an occult aneurism, abnormal stenosis, or occlusion. The injured worker had diagnoses of closed head injury, posttraumatic migraines associated with transient hemiplegia, history of recent stroke despite negative MRI with persistent weakness, history of myocardial infarction, and a recent fall. A list of the injured worker's current medications was not provided within the documentation. The physician believed that the injured worker was a good candidate for Botox injections; however, he did not indicate why. The request for authorization form was not submitted for review.

## 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 Chronic Pain Medical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25.

**Decision rationale:** The request for Botox injections is not medically necessary. The injured worker has a history of migraines. The injured worker has tried Fioricet, Tramadol, and Zofran with minimal success. The California MTUS guidelines state that Botox is not generally recommended for chronic pain disorders. They also state that Botox is not recommended for tension-type headache or migraine headache. Although, the physician believed that the injured worker would be a good candidate for Botox injections, he did not indicate why he felt the patient would be a good candidate for Botox specifically. In addition, the quantity, frequency, and dosage were not provided for the injections. There is not enough documentation indicating how often the injured worker has migraine headaches as well as the duration of the headaches. The request was not medically supported. Given the above, the request for Botox injections is not medically necessary.