

<b>Case Number:</b>	CM14-0130811		
<b>Date Assigned:</b>	08/20/2014	<b>Date of Injury:</b>	12/17/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Anesthesiology, has a subspecialty in Pain 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:

According to the records made available for review, this is a 40-year-old male with a 12/17/11 date of injury. At the time (8/14/14) of the decision for Botulinum toxin injections for migraine 200 units #12 and Botulinum toxin for injection #12, there is documentation of subjective (head and neck pain rated 5/10, intermittent severe headaches, mild headache at times; associated memory, loss, poor balance, dizziness, nervousness, and depression) and objective (tenderness to palpation in bilateral cervical paraspinal muscles with trigger points and positive twitch response) findings, current diagnoses (post traumatic headache, cervicgia, myofascial pain, TMJ disorder, depression, generalized anxiety disorder and common migraine), and treatment to date (medications, activity modification, psychotherapy, trigger point injections, and Botox injections (2012 with no benefit)). 7/30/14 medical report identifies a request for Botox injections despite poor outcome from previous injections on 11/29/12. There is no documentation that migraine frequency was reduced by at least 7 days per month (when compared to pre-treatment average) OR duration was reduced by at least 100 hours per month (compared to pre-treatment).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botulinum toxin injections for migraine 200 units #12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections Page(s): 122.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox, Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Botulinum toxin for chronic migraine.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines identify the evidence is mixed for migraine headaches. ODG identifies documentation that migraine frequency was reduced by at least 7 days per month (when compared to pre-treatment average) OR duration was reduced by at least 100 hours per month (compared to pre-treatment) to support the medical necessity of ongoing use of Botox for prevention of chronic migraine headaches. In addition, evidence based guidelines recommend discontinuing preventive treatment if headache days are reduced to less than 15 days a month over three consecutive months, as criteria necessary to support the medical necessity of continued treatment with Botox injections. Within the medical information available for review, there is documentation of diagnoses of post traumatic headache, cervicgia, myofascial pain, TMJ disorder, depression, generalized anxiety disorder and common migraine. However, given documentation of previous Botox injections with no benefit, there is no documentation that migraine frequency was reduced by at least 7 days per month (when compared to pre-treatment average) OR duration was reduced by at least 100 hours per month (compared to pre-treatment). Therefore, based on guidelines and a review of the evidence, the request for Botulinum toxin injections for migraine 200 units #12 is not medically necessary or appropriate.

**Botulinum toxin for injection #12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Head, Botulinum toxin for chronic migraine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox, Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Botulinum toxin for chronic migraine.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines identify the evidence is mixed for migraine headaches. ODG identifies documentation that migraine frequency was reduced by at least 7 days per month (when compared to pre-treatment average) OR duration was reduced by at least 100 hours per month (compared to pre-treatment) to support the medical necessity of ongoing use of Botox for prevention of chronic migraine headaches. In addition, evidence based guidelines recommend discontinuing preventive treatment if headache days are reduced to less than 15 days a month over three consecutive months, as criteria necessary to support the medical necessity of continued treatment with Botox injections. Within the medical information available for review, there is documentation of diagnoses of post traumatic headache, cervicgia, myofascial pain, TMJ disorder, depression, generalized anxiety disorder and common migraine. However, given documentation of previous Botox injections with no benefit, there is no documentation that migraine frequency was reduced by at least 7 days per month (when compared to pre-treatment average) OR duration was reduced by at least 100 hours per month (compared to pre-treatment). Therefore, based on guidelines and a review of the

evidence, the request for Botulinum toxin for injection #12 is not medically necessary or appropriate.