

<b>Case Number:</b>	CM14-0132350		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	12/15/2006
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2014

### 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 Neurology 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 (IW) is a 43 year old male with a reported date of injury occurring between 4/10/2006 to 4/10/2007. The mechanism of injury is reported is described as continuous trauma occurring during this time period. He reports a medical history of hypertension, anxiety and migraine headaches. The migraine headaches are reported to occur at a frequency of two to three times per week. The neurological examination provided in the documentation is reported as normal. For the treatment of the migraine headaches, he is taking Topiramate (Topamax) at 50 mg three times daily. For abortive therapy he is using Fioricet reportedly three times per day. A previous request to use Botox injections for migraine prophylaxis was denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injection therapy for the head and neck:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Botox injection.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Head) Criteria for botulinum toxin (Botox) for prevention of chronic migraine headaches.

**Decision rationale:** In reviewing the ODG for the use of Botox for the prevention of chronic migraines the following parameters must be fulfilled: more than 15 headaches per month lasting 4 hours a day or longer. In addition the patient must show no response to at least three prior first line treatments including Amitriptyline, beta blockers, Topiramate as well as Valproic acid. In this case, the IW does not meet the criteria for the use of Botulinum Toxin (Botox) as the IW does not have at least 15 headaches. The progress notes provided elicit a migraine frequency of two to three migraines per week which does not add up to 15 headaches per month. In addition, the documentation provided reports the only prophylactic medication the IW has tried has been Topiramate (Topamax). This does not meet the required trial and documented failure of at least three of the aforementioned prophylactic medications. The request for the use of Botox for the treatment of migraines is not medically necessary.