

<b>Case Number:</b>	CM14-0138790		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	09/09/1998
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Management 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 43-year-old male with a 9/9/98 date of injury. At the time (7/2/14) of request for authorization for 1 Botox Injection, there is documentation of subjective (headache) and objective (edema in the ankle) findings, current diagnoses (migraine headache), and treatment to date (medications). There is no documentation of headaches of more than 15 days per month lasting 4 hours a day or longer and failure to respond to at least three prior first-line migraine headache prophylaxis medications (Amitriptyline, beta blockers, Topiramate, and Valproic acid and its derivatives).

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Botox Injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc).

**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:** MTUS Chronic Pain Medical Treatment Guideline identifies that the evidence for Botulinum toxin injection is mixed. ODG identifies documentation of diagnosis of

chronic migraine headache, more than 15 days per month with headaches lasting 4 hours a day or longer; and no response to at least three prior first-line migraine headache prophylaxis medications (Amitriptyline, beta blockers, Topiramate, and Valproic acid and its derivatives), as criteria necessary to support the medical necessity of an initial 12-week trial of Botulinum toxin injection. Within the medical information available for review, there is documentation of a diagnosis of migraine headache. However, there is no documentation of headaches of more than 15 days per month lasting 4 hours a day or longer and failure to respond to at least three prior first-line migraine headache prophylaxis medications (Amitriptyline, beta blockers, Topiramate, and Valproic acid and its derivatives). Therefore, based on guidelines and a review of the evidence, the request for 1 Botox Injection is not medically necessary.