

<b>Case Number:</b>	CM14-0151234		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	04/04/2014
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	09/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Occupational 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:

This is a 46 year old male with a 4/4/14 injury date. He was struck by a chute on the back of the head/neck. A 7/9/14 EEG and brain MRI were normal. In an 8/25/14 follow-up, the provider notes that the patient is taking Celexa and feels he is 98 percent better with respect to mood and psychological problems. He went for chiropractic neck treatments but continues to have neck stiffness. He continues to take Norco as needed. He continues to have problems with post-traumatic imbalance and ataxia. He has ongoing chronic headaches daily with migraine component. In a 9/9/14 follow-up, subjective findings included continued headaches that begin in the suboccipital area and radiate to the top of the head. Objective findings were not recorded. In a 6/24/14 follow-up, objective findings included equal pupils, tenderness over the occiput and inion, neck spasm, full visual fields, symmetrical hearing, difficulty with Romberg test, difficulty with tandem gait, and normal motor/sensory/reflex exam. Diagnostic impression: chronic migraines--post-traumatic. Treatment to date: medication, chiropractic care, physical therapy. A UR decision on 9/11/14 denied the request for Botox chemo-denervation 100 units for chronic migraine on the basis that CA MTUS recommends Botox injection for neck torsion disorders only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox chemo-denervation 100 units for chronic migraine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Botox A).

**Decision rationale:** CA MTUS states that Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. The U.S. Food and Drug Administration today approved Botox injection (onabotulinumtoxin A) to prevent headaches in adult patients with chronic migraine. Chronic migraine is defined as having a history of migraine and experiencing a headache on most days of the month. Migraine headaches are described as an intense pulsing or throbbing pain in one area of the head. The headaches are often accompanied by nausea, vomiting, and sensitivity to light and sound. Migraine is three times more common in women than in men. Migraine usually begins with intermittent headache attacks 14 days or fewer each month (episodic migraine), but some patients go on to develop the more disabling chronic migraine. To treat chronic migraines, Botox is given approximately every 12 weeks (approx. 150 units) as multiple injections around the head and neck to try to dull future headache symptoms. Botox has not been shown to work for the treatment of migraine headaches that occur 14 days or less per month, or for other forms of headache. It is important that patients discuss with their physician whether Botox is appropriate for them. In the present case, the patient has signs and symptoms consistent with chronic migraine. The headaches occur almost daily, have a migraine component, and appear to be related to his injury. There is no history of headaches prior to the injury. In addition, prior conservative treatments have not been effective to this point. Given the FDA's recent approval of Botox for chronic migraines, attempting a trial of injections is a reasonable next step in the conservative management of his headaches. The request for 100 units is within the dosage range of 150 units recommended by the FDA. Therefore, the request for Botox chemo-denervation 100 units for chronic migraine is medically necessary.