

<b>Case Number:</b>	CM14-0020198		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	08/11/1986
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Tennessee. 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 patient is a 69-year-old male who has submitted a claim for chronic migraine without aura, associated with an industrial injury date of August 11, 1986. Medical records from 2013-2014 were reviewed. The patient complained of headaches, rated 4-10/10 in severity. The headaches occur everyday and last all day. He noted occasional pre-headache aura but as he generally awakens with a headache, this was very intermittent. He has associated photophobia, sensitivity to loud noises, and visual disturbances. The headaches affect his ability to focus for reading. Physical examination showed taut bands present within the neck musculature. Range of motion was limited in rotation and extension. There was increased pain with neck extension. Treatment to date has included medications, chiropractic therapy, injections, acupressure, acupuncture, physical therapy, lumbar epidural steroid injection, lumbar surgery, and cervical surgeries. Utilization review, dated January 21, 2014, denied the request for Botox injections 200 units every 3 months, 4 x a year because series of injections are not supported, and there was no documentation of treatment with prophylactic medications. An appeal, dated January 29, 2014, states that Botox injection is effective in the treatment of chronic migraine prophylaxis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BOTOX INJECTIONS 200 UNITS EVERY 3 MONTHS, 4 TIMES A YEAR:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-26.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines state Botox is not generally recommended for chronic pain disorders but recommended for cervical dystonia. Furthermore, Botox is not recommended for tension-type headache, migraine headache, fibromyositis, myofascial pain syndrome, trigger point injections, and chronic neck pain. In this case, the patient was diagnosed with chronic migraine without aura. Botox injections were requested for chronic migraine prophylaxis. However, the guidelines clearly do not support Botox for migraine headache. Moreover, the submitted medical records do not show evidence of cervical dystonia. As such, the request is not medically necessary.