

<b>Case Number:</b>	CM14-0044040		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	09/27/2000
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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:

According to the records made available for review, this is a 34-year-old with a September 27, 2000 date of injury, and status post Nirschl procedures bilateral upper extremities (undated), status-post debridement of the flexor pronator origin left upper extremity (undated), status post left ulnar release (undated), status-post left deQuervain's release and carpal tunnel release (undated), and status post left shoulder subacromial decompression and distal clavicle resection (undated). At the time (4/2/14) of request for authorization for 1 Botox injection into the scalp and cervical muscles between March 31 and May 15, 2014 (on April 2, 2014), there is documentation of subjective (daily migraine headaches up to 12 hours a day with significant photophobia and phonophobia, occurring daily, and increased in proportion of neck pain, severe headaches occur 5 days per week, at times last for several days in a row) and objective (5/5 motor strength of upper extremities, limited cervical range of motion, shoulder range of motion limited with mild macular rashes on proximal arms, positive Neer's bilaterally, medial epicondyle tenderness right, and reduced range of motion of right elbow and wrist) findings, current diagnoses (complex regional pain syndrome, bilateral upper extremities under better control with Lyrica, cervicobrachial syndrome, and cervical facet syndrome), and treatment to date (previous Botox injections). There is no documentation that migraine frequency was reduced by at least seven days per month (when compared to pre-treatment average) OR duration was reduced by at least one hundred hours per month (compared to pre-treatment) and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Botox injections to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Botox injection into the scalp and cervical muscles:** Upheld

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

**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. The California Code of Regulations Definitions Section identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies documentation that migraine frequency was reduced by at least seven days per month (when compared to pre-treatment average) OR duration was reduced by at least one hundred 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 fifteen 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 complex regional pain syndrome, bilateral upper extremities under better control with Lyrica, cervicobrachial syndrome, and cervical facet syndrome. In addition, there is documentation of migraine headaches and previous treatment with Botox injections. However, 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). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Botox injections to date. Therefore, based on guidelines and a review of the evidence, the request for one Botox injection into the scalp and cervical muscles is not medically necessary or appropriate.