

<b>Case Number:</b>	CM14-0053562		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	10/14/2008
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	04/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/22/2014

### 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, posttraumatic headaches, postconcussion syndrome, posttraumatic stress disorder, and migraine headaches reportedly associated with an industrial injury of October 14, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated April 8, 2014, the claims administrator denied a request for Botox injections, incorrectly stating that the MTUS do not address the topic. The applicant's attorney subsequently appealed. In a May 29, 2014 neurology note, the applicant reported persistent complaints of neck pain and headaches. The attending provider complained that the applicant still had not had Botox injections authorized. The note was sparse, although the attending provider suggested that the applicant had completed a variety of noninvasive interventional procedures. The applicant was asked to pursue the Botox injection in question. Oxycodone, Elavil, Cymbalta, and Xanax were also being employed, it was suggested. In a December 16, 2014 progress note, the applicant was described as having developed posttraumatic headaches, a single posttraumatic seizure following head trauma, vertigo, and tinnitus. The attending provider suggested that a trial of Botox injections be considered if nortriptyline and Pamelor prove effective for the applicant's migraine headaches. The applicant was placed off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox Injection (quantity unknown):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, Head, Botulinum toxin

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

**Decision rationale:** As noted on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, the evidence on Botox injections for migraine headaches is "mixed." Nevertheless, in this case, it appears that the applicant has tried, failed, and exhausted a variety of other options, including time, medications, physical therapy, adjuvant medications, opioid therapy, etc. A trial Botox injection is therefore indicated, despite the tepid-to-unfavorable MTUS position on the same. Therefore, the request is medically necessary.