

<b>Case Number:</b>	CM14-0056099		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	03/23/2013
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	04/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Family 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 33-year-old female reported an industrial injury on 3/23/2013 which attributed to the performance of her customary job tasks. She was reported to have been head butted by a patient going through detoxification while she was performing her job as a Registered Nurse (RN). The patient was noted to have a history of migraine headaches which occurs a few times per month. The headaches were reported to be controlled with Triptan medications. The frequency of the migraine headaches were aggravated/exacerbated by the reported incident and the provider had indicated the patient suffered from a post concussive syndrome with a history of migraine headaches she would have a more difficult time recovering from the effects of the industrial injury. The patient received medications along with an Occipital Nerve Block. She was initiated on Botox injections during November 2013 and was noted to of had two prior Botox injections with some reported relief. A third Botox injection, 200 units for chronic migraine headaches were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox Injection 200 units (chronic migraines/headaches):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botox Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head chapter Botulinum toxin; neck and upper back chapter--botulinum toxin; Pain chapter-- Botulinum toxin;

**Decision rationale:** The ODG states that the objective evidence available for the use of Botox for migraine headaches, despite FDA approval, is "limited and unconvincing." The use of Botox injections for migraine headaches is considered investigational. The patient is noted to have had preinjury migraine headaches that were reported to be aggravated/exacerbated by the cited mechanism of injury. The patient has received two Botox injections directed towards reducing migraine headaches with no demonstrated functional improvement or reduction in the use of medications for her migraine headaches. There is no evidence that the patient is presently returned to baseline subsequent to her industrial incident. There are no recommendations by evidence-based guidelines for the treatment of migraine headaches with Botox injections. The FDA approved onabotulinum toxin A (Botox [REDACTED].) for headache prophylaxis in patients with adult chronic migraine who suffer headaches on 15 or more days per month, each lasting more than 4 hours. To treat chronic migraine, onabotulinum toxin A is given approximately every 12 weeks as multiple injections around the head and neck to try to dull future headache symptoms. It has not been shown to work for the treatment of episodic migraine headaches that occur 14 days or fewer per month, or for other forms of headache. Despite Botox being approved in the U.S. for use in chronic migraines, published evidence on the effectiveness of this treatment for headaches is limited and unconvincing. A Botox treatment for migraine is costly, and the toxin can actually cause headaches, pain, stiffness, and muscle spasms. The studies supporting use included patients with medication overuse headache, which does not fit the current definition of chronic migraine, and the benefit in migraine patients demonstrated by the studies is only slight. The authorization of Botox injections to the neck is only recommend for "cervical dystonia", a condition that is not generally related to workers' compensation injuries (also known as spasmodic torticollis), and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. The treatment for chronic pain or muscle spasms with Botox is not recommended by evidence-based guidelines. The CA MTUS and the ACOEM Guidelines do not recommend the use of Botox for nonspecific neck pain, as there is insufficient evidence to support the use of Botox. The Official Disability Guidelines states: Not recommended for the following: tension-type headache; migraine headache, fibro myositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. Botox injection for a 3rd time for reported migraine headaches is not supported with objective evidence therefore it is not medically necessary and appropriate.