

<b>Case Number:</b>	CM14-0194353		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	08/18/1988
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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 Acupuncture & Pain 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 injured worker is a 57-year-old female, with a reported date of injury of 08/18/1988. The mechanism of injury was a strained neck, while scooping ice cream. The result of the injury was migraine headache. The headaches have been daily since the incident occurred. The current diagnoses include chronic migraine headaches, and chronic post-traumatic headache. The past diagnoses include headache, chronic back pain, and chronic neck pain. Treatments have included Verapamil 80mg twice a day; Amitriptyline, which has been discontinued; Zonisamide, which caused tongue swelling and facial numbness and tingling; Topamax, which was not tolerated well; Gabapentin; Sumatriptan 100mg, which was effective; Naproxen sodium; ibuprofen, which caused swelling in her lower extremities; physical therapy, which was helpful in 2007 and 2008; computerized tomography (CT) scan of the head on 09/16/2013, with normal findings; CT angiogram of the neck and head on 09/18/2013, with normal findings. The medical record dated 10/07/2014 indicated that the injured worker's headache frequency had decreased to 2-3 times per week, and the severity had also decreased since starting Verapamil. The injured worker complained of hair loss and weight gain since starting Verapamil. The pain was rated a constant 4-5 out of 10. She admitted to having light and sound sensitivity, and blurred vision. It was noted that neck pain was a trigger, and ice and heat were helpful. The physical examination showed normal range of motion of the neck; and normal neurological findings. The treating physician referred the injured worker for Botox, and indicated that if the injured worker were to discontinue the Verapamil, the headache frequency and severity would increase again. On 10/17/2014, Utilization Review (UR) denied the request for Botox 200 units every twelve (12) weeks for one (1) year for chronic migraine. The UR physician cited the MTUS Chronic Pain Guidelines and noted that the guidelines do not recommend Botox for tension headaches or migraine headache.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Botox 200 units Q12 weeks for one year, chronic migraine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 26.

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

**Decision rationale:** With regard to Botox injection, the MTUS CPMTG p25 states: "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." Since the request is to treat migraine headaches, and not cervical dystonia, the request is not medically necessary.