

<b>Case Number:</b>	CM14-0201604		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	03/19/2010
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 48 year old female with date of injury of 3/19/2010. A review of the medical records indicate that the patient is undergoing treatment for migraine headaches, cervico-brachial syndrome, and chronic pain syndrome. Subjective complaints include continued headaches and neck/back pain. Objective findings include daily headaches without aura; cervical motor and sensory exam normal bilaterally. Treatment has included topamax, imitrex, naproxen, vicodin, gabapentin, lyrica, elavil, and lidoderm patches. The utilization review dated 11/25/2014 partially-certified Botox 200 units injection and Sumatriptan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox 200 units injection:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head

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

**Decision rationale:** MTUS states regarding Botox injections, "Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." Additionally MTUS states Botox

injections are "Recommended: 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." and "Recommended: chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program." The medical records provided did not indicate any conditions that MTUS recommends as appropriate for Botox Injections. The note from 11/14/2014 indicates the botox is for migranes, which MTUS does not recommend. As such, the request for Botox 200 unit injection is not medically necessary.

**Sumatriptan 100mg or Sumatriptan 6mg/0.5ml injection:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans.

**Decision rationale:** MTUS and ACOEM are silent with regards to sumatriptan (imitrex). Other guidelines were utilized. ODG states regarding sumatriptan, "Recommended for migraine sufferers." The records presented for review indicate the prescription of sumatriptan was for the treatment of migraines and there is documentation of that diagnosis and prior attempts at treatment which failed. Therefore the request for sumatriptan is deemed medically necessary.