

<b>Case Number:</b>	CM14-0099584		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	02/10/2013
<b>Decision Date:</b>	01/14/2015	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2014

### 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 Pain Management 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 58-year-old male with a 2/10/13 date of injury. The request for authorization (5/29/14) is for Botulinum toxin injection every 3 months/12 weeks x 1 year. The subjective finds are that the patient still had a migraine that was associated with right arm and leg weakness lasting less than 5 minutes, and his headaches are the same with the duration of the pain being longer. The objective findings are mild left facial droop in an upper motor neuron pattern, tibialis anterior remains mildly weak, and light touch is decreased on the right lower extremity. The current diagnoses include closed head injury and post-traumatic migraines - with associated transient hemiplegia. The treatment to date includes medication including Valproic acid. There is no documentation that the patient has not responded to at least two additional prior first-line migraine headache prophylaxis medications (Amitriptyline, beta blockers (Metoprolol, Propranolol, and Timolol), or Topiramate).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botulinum toxin injection every 3 months/12 weeks x 1 yr: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; regarding Botulinum tox.

**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 MTUS Chronic Pain Medical Treatment Guidelines identify the evidence is mixed for migraine headaches. The ODG identifies documentation that the patient is diagnosed with chronic migraine headache and not responded to at least three prior first-line migraine headache prophylaxis medications (Amitriptyline, beta blockers (Metoprolol, Propranolol, and Timolol), Topiramate as well as Valproic acid and its derivatives), as criteria necessary to support the medical necessity of Botox for prevention of chronic migraine headaches. Within the medical information available for review, there is documentation of diagnoses of closed head injury and post-traumatic migraines - with associated transient hemiplegia. In addition, there is documentation of chronic migraine headache and no response to at least one prior first-line migraine headache prophylaxis medication (Valproic acid). However, there is no documentation that the patient has not responded to at least two additional prior first-line migraine headache prophylaxis medications (Amitriptyline, beta blockers (Metoprolol, Propranolol, or Timolol), Topiramate). Therefore, based on guidelines and a review of the evidence, the request for Botulinum toxin injection every 3 months/12 weeks x 1 year is not medically necessary.