

<b>Case Number:</b>	CM15-0101655		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	12/28/1994
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 59 year old man sustained an industrial injury on 12/28/1994. The mechanism of injury is not detailed. Diagnoses include migraines. Treatment has included oral medications. Physician notes dated 2/27/2015 show complaints of “a flurry” of migraines that are notes to be resolved. The worker is noted to have had improvement with the frequency, duration, and severity of his migraines. The worker received Xeomin during this visit. The worker is instructed to follow up in ten weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Xeomin injection every 10 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Procedure Summary Online Version - Criteria for botulinum toxin (Botox).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders) Botulinum toxin for chronic migraine.

**Decision rationale:** The claimant has a remote history of a work injury occurring in December 1994 and continues to be treated for migraine headaches. Treatments have included Xeomin injections in August 2014 and December 2014. When seen in February 2015 there had been 2-3 days of migraine headaches, which had resolved when treated with Maxalt. The assessment references the claimant as doing well and with a dramatic proven and migraine frequency, duration, and severity. The injections were repeated. Xeomin (incobotulinumtoxinA) is recommended for prevention of headache in patients with chronic migraine that have failed conservative treatments and who have responded to an initial 12-week trial of treatment. To treat chronic migraine, onabotulinumtoxin A is given approximately every 12 weeks. In this case, the dose and frequency of injections is within guideline recommendations. However, whether the claimant continues to have migraines that are not responsive to conservative treatments such as Maxalt is not established. Therefore, the repeat injection cannot be considered as medically necessary.

**Xeomin 200 units every 10 weeks:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Procedure Summary Online Version - Criteria for botulinum toxin (Botox).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head (trauma, headaches, etc., not including stress & mental disorders) Botulinum toxin for chronic migraine.

**Decision rationale:** The claimant has a remote history of a work injury occurring in December 1994 and continues to be treated for migraine headaches. Treatments have included Xeomin injections in August 2014 and December 2014. When seen in February 2015 there had been 2-3 days of migraine headaches, which had resolved when treated with Maxalt. The assessment references the claimant as doing well and with a dramatic proven and migraine frequency, duration, and severity. The injections were repeated. Xeomin (incobotulinumtoxin A) is recommended for prevention of headache in patients with chronic migraine that have failed conservative treatments and who have responded to an initial 12-week trial of treatment. To treat chronic migraine, onabotulinumtoxin A is given approximately every 12 weeks. In this case, the dose and frequency of injections is within guideline recommendations. However, whether the claimant continues to have migraines that are not responsive to conservative treatments such as Maxalt is not established. Therefore, the repeat injection cannot be considered as medically necessary.