

<b>Case Number:</b>	CM15-0107275		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	04/17/2012
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 59 year old male, who sustained an industrial injury on 4/17/2012. He reported being hit on the left side of his head by a football. Diagnoses have included closed head injury with multiple concussions, cervical strain, right shoulder sprain, history of a least two cerebrovascular events with dysesthesia to the right arm and left face, low back pain and migraines. There are associated diagnoses of anxiety disorder, depression and insomnia. Treatment to date has included medications. According to the progress report dated 5/4/2015, the injured worker complained of headaches, neck pain, nausea and vomiting. He rated his pain as 9-10/10 without medications and 4-5/10 with medications. The headaches occur 4-5 days a week and last up to 12 hours. Physical exam revealed tenderness over the left side of his head and over the cervical paraspinal muscles on both shoulders. Authorization was requested for pain management in include Botox. The medications listed are Flector patch, Fiorinal, Sonata, Brintellix, Prazosin, Zofran, cyclobenzaprine and Buspirone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pain management to include botox:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 23,25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain ChapterHeadNeck and Upper Back and Other Medical Treatment Guidelines FDA- Botox.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of exacerbation of chronic pain when conservative treatments with medications, PT and non surgical measures have failed. The guidelines recommend that patients be referred for Specialist treatment when there are significant associated psychiatric disorders and additional expertise is required. The records indicate that the patient had failed treatments with preventive and abortive migraine medications. The records indicate that CBT, psychiatric treatments and PT had not been authorized. There is documentation of worsening of the migraine as well as associated psychosomatic disorders despite multimodal medications management. The ODG and FDA had listed that Botox injections can be utilized for the treatment of intractable migraine when routine preventive and abortive measures have failed. The criteria for Pain Management to include Botox injections were met. Therefore the request is medically necessary.