

<b>Case Number:</b>	CM15-0057986		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2015

### 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 41-year-old male, who sustained an industrial injury on July 8, 2010. He reported sustaining an electrical shock on a telephone pole, with the entry through the right index finger with the exit through the right leg. The injured worker was diagnosed as having posttraumatic migraine headaches with ongoing and chronic daily headaches, posttraumatic head syndrome with cognitive impairment and decreased short-term recall, posttraumatic vertigo by description, psychological factors affecting the physical condition, status postindustrial electric shock, elevated liver function per report, and orthopedic injuries. Treatment to date has included lumbar facet medial branch nerve blocks, facet nerve rhizotomy, and medication. Currently, the injured worker complains of inability to smell, decreased hearing in the right ear, vertigo, ongoing chronic headaches, heartburn, chest pains, and difficulty sleeping, with ongoing neck pain, right shoulder pain, right hip pain, mid back pain, low back pain, liver problems, and a seizure in October. The Treating Physician's report dated February 24, 2015, noted the injured worker using a cane for balance, having gone through a balance therapy program. The injured worker's medications were noted to include Hydrocodone, Oxycodone, Cymbalta, Gabapentin, and Duloxetine. The injured worker reported that the medications did not significantly help his headaches. Physical examination was noted to show reduced hearing in the right ear, slightly reduced fascial sensation on the right side compared to the left side, with guarding of the neck. The Physician recommended nonpharmacological Botox therapy chemodenervation 200 units for migraine prophylaxis and treatment, and evaluation for cognitive and posttraumatic head

syndrome with electroencephalogram, digital quantitative electroencephalography (QEEG), and cognitive P300 evoked response.

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

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

#### **1 non-pharmacological Botox Injection Chemodenervation 100 units for Migraine Prophylaxis and treatment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; Botulinum toxin for chronic migraine.

**Decision rationale:** MTUS is silent on this, but ODG states the following: riteria for botulinum toxin (Botox) for prevention of chronic migraine headaches: An initial 12-week trial if all of the following are met: Diagnosed with chronic migraine headache. More than 15 days per month with headaches lasting 4 hours a day or longer. Not responded to at least three prior first-line migraine headache prophylaxis medications, choose from. Amitriptyline, beta blockers (metoprolol, propranolol, and timolol), topiramate as well as valproic acid and its derivatives, are first-line agents for the treatment of chronic migraines. Continuing treatment for ongoing prevention: Frequency reduced by at least 7 days per month (when compared to pre-treatment average). Duration was reduced by at least 100 hours per month (compared to pre-treatment).Discontinue if headache days reduced to less than 15 days a month over three consecutive months (qualifies as episodic migraine, not covered for Botox)."There is no documentation of failure of 3 first line medications. Therefore, the request is not medically necessary.