

<b>Case Number:</b>	CM14-0138903		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	01/30/2007
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	07/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 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:

The injured worker is a 37-year-old male who sustained industrial-related injuries on January 6, 2007. His medical history is significant of hypertension (controlled), minimal internal rectal hemorrhoids (stable), and gastroesophageal reflux disease (stable). He is diagnosed with status post anterior cervical fusion; status post left shoulder surgery, history of carpal tunnel syndrome, depression, gastrointestinal complaints, and neurological complaints. He underwent Botox chemo denervation (100 units) on January 17, 2014; February 6, 2014; and February 18, 2014 for complaints of chronic pain and chronic headaches. Progress report dated March 31, 2014 indicated that the injections were effective for him but he reported increasing spasm to the neck, right side greater than left. The pain also rises to the suboccipital area on the right greater than left side. He underwent another series of Botox chemo denervation dated May 1, 2014; May 15, 2014; and May 28, 2014. Progress note dated June 14, 2014 noted the injured worker's complaints of neck pain and stiffness of the cervical spine. The injured worker is temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox 100 units x 3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

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

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that Botulinum toxin injections are not recommended for the following: tension-type headache, migraine headaches, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. In this injured worker's case, he underwent Botox chemo denervation last January 17, 2014; February 6, 2014; and February 18, 2014 from which he reported "the injections were effective for him", as per report dated March 31, 2014. However, during the same evaluation date, the injured worker also reported "increasing spasm to the neck." He underwent a second set of injections last dated May 1, 2014; May 15, 2014; and May 28, 2014. However, there was no recent clinical documentation submitted to determine the therapeutic outcome of these injections or any evidence to support further Botox injections. The referenced guidelines clearly do not recommend Botulinum toxin injections for migraine headaches, and chronic neck pain. Therefore, it can be concluded that the medical necessity of Botox 100 units x 3 is not medically necessary.

**Midrin #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

**Decision rationale:** Regarding the request for Midrin, the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines are silent regarding this medication. A thorough search of the National Library of Medicine reveals no peer-reviewed scientific literature establishing that Midrin is effective in the treatment of any disease or disorder. The U.S. National Library of Medicine and National Institutes of Health resource website indicates that this medication is "the combination of Isometheptene mucate, Dichloralphenazone, and acetaminophen is used to relieve migraine and tension headaches. It prevents blood vessels in your head from expanding and causing headaches." Isometheptene mucate and Dichloralphenazone are not addressed by the national guidelines. Furthermore, Midrin contains acetaminophen which is not indicated for use in addressing headaches (migraine or tension-type) as per Chronic Pain Medical Treatment Guidelines. Therefore, it can be concluded that the medical necessity of the requested Midrin #60 is not medically necessary.