

<b>Case Number:</b>	CM14-0148819		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/16/2010
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 Internal Medicine 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 patient is a 38-year-old female who has submitted a claim for migraine without aura associated with an industrial injury date of February 16, 2010. Medical records from 2014 were reviewed, which showed that the patient complained of headaches that occur at least 15 days of the month. They occur in the frontal or suboccipital areas. No relevant physical examination finding was present from the records. Treatment to date has included medications. Utilization review from August 19, 2014 denied the request for Botox Therapy 100 units x2 because the guidelines do not support its use for migraine headaches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox Therapy 100 units x2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobic).

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

**Decision rationale:** According to pages 25-26 of the California MTUS Chronic Pain Medical Treatment Guidelines, Botox is not generally recommended for chronic pain disorders but recommended for cervical dystonia. Furthermore, Botox is not recommended for tension-type

headache, migraine headache, and chronic neck pain. In this case, the patient complained of headaches and Botox therapy was requested with the intent of reducing the severity and frequency of headaches. There was no relevant physical exam available that is consistent with cervical dystonia. The guidelines do not support the use of Botox therapy in migraine headaches. The medical necessity has not been established. Therefore, the request for Botox Therapy 100 Units X2 is not medically necessary.