

<b>Case Number:</b>	CM14-0149976		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	09/15/2011
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	08/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 Preventive 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:

According to the records made available for review, this is a 48-year-old male with a 9/15/11 date of injury. At the time (8/7/14) of the request for authorization for Botox injection and occipital and trigeminal nerve block, there is documentation of subjective (ongoing headaches, neck pain, memory difficulties, insomnia, irritability, and anger control issues) and objective (tenderness of the long cervical paraspinal muscles and trapezius muscles, trigger points are noted in the cervical and shoulder girdle musculature, mild weakness of the left upper and left lower extremity throughout all muscle groups rated at 4 out of 5) findings, current diagnoses (posttraumatic syndrome, chronic posttraumatic headaches that have migraine features, associated temporomandibular joint dysfunction, ongoing cervical myofascial pain, posttraumatic stress with mood changes, and frontal lobe syndrome with partial anosmia and difficulty in taste and associated left hemiparesis), and treatment to date (medication). Regarding Botox injection, there is no documentation that the patient has not responded to at least three prior first-line migraine headache prophylaxis medications (Amitriptyline, beta blockers (metoprolol, propranolol, and timolol), topiramate as well as valproic acid and its derivatives).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BOTOX INJECTION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox, Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Botulinum toxin for chronic migraine

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identify the evidence is mixed for migraine headaches. ODG identifies documentation that the patient is diagnosed with chronic migraine headache and not responded to at least three prior first-line migraine headache prophylaxis medications (Amitriptyline, beta blockers (Metoprolol, propranolol, and timolol), Topiramate as well as valproic acid and its derivatives), as criteria necessary to support the medical necessity of Botox for prevention of chronic migraine headaches. Within the medical information available for review, there is documentation of diagnoses of posttraumatic syndrome, chronic posttraumatic headaches that have migraine features, associated Temporomandibular joint dysfunction, ongoing cervical myofascial pain, posttraumatic stress with mood changes, and frontal lobe syndrome with partial anosmia and difficulty in taste and associated left hemiparesis. However, there is no documentation that the patient has not responded to at least three prior first-line migraine headache prophylaxis medications (Amitriptyline, beta blockers (Metoprolol, propranolol, and timolol), Topiramate as well as valproic acid and its derivatives). Therefore, based on guidelines and a review of the evidence, the request for Botox injection is not medically necessary.

**OCCIPITAL AND TRIGEMINAL NERVE BLOCK:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter; Neck & Upper Back Chapter, Greater occipital nerve block

**Decision rationale:** MTUS does not address this issue. ODG states greater occipital nerve blocks are under study for use in treatment of primary headaches, occipital neuralgia, and cervicogenic headaches. Therefore, based on guidelines and a review of the evidence, the request for occipital and trigeminal nerve block is not medically necessary.