

<b>Case Number:</b>	CM14-0089261		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	03/11/1997
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	06/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 44-year-old female with a 3/11/97 date of injury. The mechanism of injury was not noted. According to a progress report dated 6/26/14, the patient stated that using Botox improves her headaches by 80%. Botox allowed some decrease of medications for pain. Instead of being in bed 3 to 4 days all day, her headaches caused her to be down only 3-5 hours 3 times a week if she also used her other medications. She reported neck pain, wrist and thumb pain, knee pain, and back pain. Objective findings: altered gait, limited cervical ROM (Range of Motion), slight pain in the lumbar spine area and deep in left gluteal area near S1 and the piriformis, tenderness of the tibia plateau area, occipital tenderness, tightness of the left trapezius. Diagnostic impression: post-traumatic migraine, chronic pain syndrome, lumbar degenerative disc disease, neck pain, immuno-compromised with diffuse musculoskeletal pain, ankle/knee/wrist pain. Treatment to date: medication management, activity modification, physical therapy, acupuncture, aquatic therapy, chiropractic treatment, injections, traction, massage therapy, surgery. A UR decision dated 6/4/14 modified the request for Botox injections at 3 month intervals to 1 Botox injection. The patient has a prior history of Botox injections with significant and prolonged relief of her migraines. In such circumstances, continued Botox injections can be supported. That said, the patient's response to each Botox injection should be adequately evaluated before repeat injections are performed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injections at every three (3) month intervals: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Botox).

**Decision rationale:** CA MTUS states that Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. The FDA approved Botox injection (OnabotulinumtoxinA) to prevent headaches in adult patients with chronic migraine. Chronic migraine is defined as having a history of migraine and experiencing a headache on most days of the month. It is documented that Botox has helped the patient with her function and has also allowed her to minimize medications. Having control of migraines helps with her ability to handle her right wrist, knee and left ankle pain. However, there is no quantity noted in this request. A UR decision dated 6/4/14 modified this request to certify 1 Botox injection. Ongoing evaluation of the patient's condition and functional improvement are required for further medication approvals. Therefore, the request for Botox injections at every three (3) month intervals is not medically necessary.