

<b>Case Number:</b>	CM14-0214467		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	06/03/2014
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 52 year old male who was injured on 6/3/2014. The diagnoses are chronic migraine without aura, status post-concussion syndrome, cervical myofascial syndrome, right shoulder and right elbow pain. The patient was noted to have failed PT, preventative and abortive medications for migraine headache but details for these treatments was not provided. The 9/24/2014 EEG was reported as normal. There were objective findings of positive right shoulder impingement test and tenderness to palpation of the right sub acromium and elbow areas. On 9/11/2014, [REDACTED] noted that the patient was utilizing Hydrocodone, Ibuprofen, Carisoprodol and topical diclofenac. The 12/3/2014 note by [REDACTED] did not provide any subjective or objective details about the headache or treatment failures. A Utilization Review determination was rendered on 12/18/2014 recommending non certification for Botox 300units injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injections 300 units:** 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Headache.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of chronic pain when conservative treatment with first line medications and physical treatments have failed. The guidelines recommend that the Botox injections can be utilized for the treatment of intractable recurrent migraine when preventative and abortive management measures have failed. There is no detailed documentation of treatment failures with preventative and abortive medications for the conservative management of migraine. The records from other providers showed that the patient was receiving regular pain medications for the treatment of musculoskeletal pain but did not indicate the presence of regular headache. The frequency of the headache may be related to analgesic rebound from medications from other Medical Providers. The criteria for Botox injections 300 units were not met.