

<b>Case Number:</b>	CM14-0219119		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	01/22/1998
<b>Decision Date:</b>	03/09/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 injured worker is a 59 year-old female, who was injured on January 22, 1998, while performing regular work duties. She has continued complaints of chronic migraine headaches resulting from a fall, in which she injured her shoulder and neck. The injured worker has had treatment including four shoulder surgeries, and medications. On September 2, 2014, she is noted to have no change in pain. The records indicate the injured worker failed several conservative measures. The records are unclear regarding what treatments failed. The request for authorization is for Botox 400 units, quantity #4, with three (3) refills. The primary diagnosis is migraine. On December 5, 2014, Utilization Review non-certified the request for Botox 400 units, quantity #4, with three (3) refills, based on Chronic Pain Medical Treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**BOTOX 400 UNITS J0585 X4 64615, REFILLS 3:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin, p61-62 Page(s): 61-62. Decision based on Non-MTUS Citation placebo-

controlled phase of the PREEMPT 1 trial. SK Aurora, DW Dodick, CC Turkel, RE DeGryse, SD Silberstein, RB Lipton, HC Diener, and MF Brin, on behalf of PREEMPT 1 Chronic Migraine Study Group. Cephalalgia, July 2010; vol. 30, 7: pp. 793-803., first published on March 17, 2010  
OnabotulinumtoxinA for treatment of chronic migraine: Results from the double-blind, randomized, placebo-controlled phase of the PREEMPT 2 trial. HC Diener, DW Dodick, SK Aurora, CC Turkel, RE DeGryse, RB Lipton, SD Silberstein, and MF Brin, on behalf of the PREEMPT 2 Chronic Migraine Study Group. Cephalalgia, July 2010; vol. 30, 7: pp. 804-814., first published on March 17, 2010

**Decision rationale:** The claimant has a remote history of a work injury occurring in 1998 related to a fall with injury to the shoulder and neck. She continues to be treated for chronic migraines. In terms of the requested Botox, although this would not be considered as a first-line treatment, it is approved for the treatment of chronic migraine headaches and can produce benefit lasting up to several months. However, multiple refills for this medication are being requested without establishing its efficacy. As requested, therefore, it is not medically necessary.