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| <b>Case Number:</b>   | CM15-0123191 |                              |            |
| <b>Date Assigned:</b> | 07/14/2015   | <b>Date of Injury:</b>       | 04/25/2012 |
| <b>Decision Date:</b> | 08/07/2015   | <b>UR Denial Date:</b>       | 05/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/25/2015 |

### 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 72 year old female with an industrial injury dated 04/25/2012. The injury occurred when she was working and was hit by a roll of carpet in the occipital area. Diagnoses included cervical facet arthropathy, cervicogenic headache and post-concussion headache. Prior treatment included diagnostics, medication, physical therapy, acupuncture and chiropractic treatment. She presented on 03/11/2015 for follow up of neck pain and headache. She stated her pain was about the same and rated it as 6/10. She was using Lidoderm patch, Amitriptyline and TENS unit regularly with benefit. She is not active in any therapy and had been off work. Physical exam noted tenderness in the cervical paraspinal. Range of motion was normal. Spurling's test was negative. The provider noted the need to exercise caution with medication as she had a history of gastrointestinal bleeding. She was also being seen by a nephrologist. She had cervical medial branch block, occipital block and acupuncture which were not helpful. She had been trailed on Norco, Gabapentin, Lyrica, Motrin and Topamax all of which were discontinued because either they did not help or she developed adverse events. The treatment plan was to try her on Botox injection for chronic headache. The injured worker described the headache as being present more than 15 days a month with light sensitivity, nausea and bilateral headaches. The treatment request is for cervical spine Botox injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical spine botox injection:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment 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 (trauma, headaches, etc., not including stress & mental disorders), Botulinum toxin for chronic migraine.

**Decision rationale:** The claimant sustained a work injury in April 2012 and is being treated for neck pain and headaches. When seen, pain was rated at 6/10. There was cervical paraspinal tenderness with normal cervical range of motion and a normal neurological examination. There was a pending neurology appointment. Treatments had included an occipital block, acupuncture, medications, and cervical medial branch blocks without improvement. Medications had included Norco, gabapentin, Lyrica, Motrin, and Topamax. A trial of Botox for chronic headaches was requested. Criteria for a 12 week trial of botulinum toxin (Botox) for prevention of chronic migraine headaches include a diagnosis of chronic migraine headache with frequent headaches lasting 4 hours a day or longer, and not responsive to at least three prior first-line migraine headache prophylaxis medications. In this case, there is no definite diagnosis of migraine headaches. There is no documented failure of adequate trials of first-line medications for headache prophylaxis. The request is not medically necessary.