

<b>Case Number:</b>	CM15-0093206		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	07/08/2010
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2015

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 41-year-old who has filed a claim for chronic finger, thigh, low back, and neck pain reportedly associated with an industrial injury of July 8, 2010. In a Utilization Review report dated April 20, 2015, the claims administrator failed to approve a request for Botox injections for migraine headaches. A RFA form dated April 21, 2015 and an associated progress note of April 15, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On April 15, 2015, the applicant reported ongoing complaints of low back pain, neck pain, and migraine headaches with attendant nausea, vomiting, photophobia, and phonophobia. Paresthesias about the legs, depression, and vertigo were also noted. 7/10 pain with medications versus 10/10 pain without medications was reported. The applicant was using OxyContin, Cymbalta, Neurontin, and Topamax, it was suggested. Topamax was continued. In another section of the note, it was stated that the applicant's migraines were intractable and scored an 8+/10. Botox injections were sought. The attending provider did not state whether the applicant had or had not had earlier Botox injections. An EEG was also suggested, as was an epidural steroid injection. The applicant's work status was not clearly detailed. On March 25, 2015, the attending provider again reiterated his request for Botox injections. Once again, the applicant's work status was not stated. EEG testing was described as positive. The applicant was using a cane to move about. Once again, the applicant's work status was not reported. On March 9, 2015, it was stated that the applicant had ongoing,

multifocal complaints of low back and neck pain, headaches, nausea, vomiting, and photophobia. The applicant was using a cane to move about. Botox injections and EEG testing were sought while multiple medications were renewed. Once again, the applicant's work status was not detailed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nonpharmacological Botox injection Chemodenervation 200 units for migraine prophylaxis: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Butolimum toxin Page(s): 26. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Botulinum toxin for chronic migraine, The U.S. Food and Drug Administration, Botox injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 26.

**Decision rationale:** No, the request for a Botox injection for migraine prophylaxis was not medically necessary, medically appropriate, or indicated here. The attending provider seemingly suggested that the Botox injections were intended for ongoing usage of migraine headaches. However, page 26 of the MTUS Chronic Pain Medical Treatment Guidelines notes that Botox injections are "not recommended" for migraine headaches. An ancillary portion of the MTUS recommendation on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines states that the evidence on Botox injections is "mixed" for migraine headaches. However, page 26 of the MTUS Chronic Pain Medical Treatment Guidelines notes that Botox injections for a proximate body part, the low back, should be performed only as an option in conjunction with a functional restoration program. Here, however, the applicant did not appear to be working. The requesting provider did not outline the applicant's work status on multiple office visits, referenced above, suggesting that the applicant was not, in fact, working. The fact that the applicant's work status was not documented, coupled with the fact that the applicant was still dependent on four to five different analgesic medications, including oxycodone, Cymbalta, diclofenac, Neurontin, Topamax, a topical compounded agent, etc., strongly suggested that the applicant did not intent to employ the Botox injection in conjunction with a program of functional restoration. This, coupled with the tepid-to-unfavorable MTUS position on Botox injections for migraine headaches did not make a compelling case for the same. Therefore, the request was not medically necessary.