

Case Number:	CM13-0006955		
Date Assigned:	09/27/2013	Date of Injury:	06/11/1999
Decision Date:	01/13/2014	UR Denial Date:	07/23/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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:

The underlying date of injury in this case is 06/01/1999. The primary diagnosis is 801.0 or fracture of the skull. Treating physician notes indicate the diagnosis is status post cervical fusion. The treating physician submitted an appeal on 06/10/2013 regarding a utilization review. The treating physician noted that the reviewer had not considered documentation indicating that the patient had tried gradual weaning of medication and failed due to intolerable withdrawal symptoms. The treating physician notes that the patient has been taking Dilaudid and that there has been a challenge weaning him from his medications and that ultimately a multimodal approach would be helpful. The treating physician also notes that as of 04/24/2013 the patient reported good relief with Botox injections in the past and had been referred to pain management for followup.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox chemoneurolysis: 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 Page(s): 25.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Botulinum Toxin, page 25, states, "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia." The medical records do not provide a rationale for use of Botox in contrast to these guidelines. There is subjective benefit reported from Botox but not objective benefit, and there is not a diagnosis which would be supported by these guidelines. This request is not medically necessary.

Detoxification: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Detoxification programs Page(s): 42.

Decision rationale: