

Case Number:	CM13-0009039		
Date Assigned:	10/11/2013	Date of Injury:	10/29/2008
Decision Date:	01/27/2014	UR Denial Date:	07/19/2013
Priority:	Standard	Application Received:	08/09/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease, 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:

This patient is a 43-year-old female who reported an injury on 10/29/08. Notes indicate that the patient has bilateral anterior, lateral, and posterior neck pain, and bilateral shoulder pain. The patient indicates having radiating pain to the bilateral upper extremities, elbows, and forearms; symptoms are relieved with a heating pad, use of ice therapy, and narcotic analgesics, as well as rest. Notes indicate that the patient also suffers from anxiety, depression, and insomnia. The clinical notes from 1/7/13 indicated that the patient underwent Botox injections for chronic migraine headache as well as persistent mild fascial strain and sprain with spasm and myofascial trigger points. The clinical notes from 7/10/13 indicated the recommendation of the physician for additional Botox injections. The patient indicated that these injections helped for neck and shoulder pain as well as headaches. Notes documented significant pain relief following injection by 70%; however, there is no indication from the patient of functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botulinum toxin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26.

Decision rationale: The California MTUS states that Botulinum toxin is not generally recommended for chronic pain disorders, tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections; however, it may be recommended for cervical dystonia. Recent systematic reviews have stated that current evidence does not support the use of botulinum trigger point injections for myofascial pain or for mechanical neck disease. Nonetheless, the documentation submitted for review indicates that the patient has had benefit from prior injections with Botox for treatment of migraine headaches and myofascial pain. However, while the patient is noted to have up to 70% pain relief, the guidelines do not support the recommendation for Botulinum injections for the treatment of migraine headaches or myofascial pain syndromes. Notes also indicated that the patient had demonstrated efficacy from trigger point injections, which were previously provided to the patient. Therefore, the request for Botulinum toxin is not medically necessary and appropriate.