MAXIMUS Federal Services

Case Number:	CM13-0045696		
Date Assigned:	06/09/2014	Date of Injury:	04/04/2011
Decision Date:	07/14/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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/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 patient is a 55-year-old female who has a date of work injury of 4/4/11. Her diagnoses include unspecified disorder of muscle, ligament and fascia and pain in the limb, focal dystonia. There is documentation that is dated 4/16/13, office visit note states that since the last visit, the patient has stayed the same. There are continued hand cramps. The second set of Botox did not help. There is a 7/11/13 document that patient's physician states that it is his professional opinion that the patient should get Botox every twelve weeks. He states that this with her supplements improves her quality of life and function as it relates to the ability to: write more; use utensils more; discomfort improved some increased use of hand, in general, for general activities. He does not feel that the patient can return to her prior job and she is permanent and stationary. He recommends she be provided with full medical care for this condition, to include at the minimum: Botox 50-100 units every twelve weeks; magnesium taurate, two twice per day; methyl CpG, two per day; deep tissue massage (weekly), which he states has helped her functionally in the past; the potential for future treatment options, such as occupational therapy, other medications, and other alternative treatments. A 4/15/13 primary treating physician document states that the right forearm is normal. The left forearm is normal. The neurovascular exam is normal. There is a 7/16/13 document to the disability evaluation unit that states that on physical exam there was no pronator drift, Hoffmann's sign, fasciculations, myotonia, dystonia or tremor.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX 100 UNITS EVERY 12 WEEKS TO RIGHT HAND: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25-26. Decision based on Non-MTUS Citation www.botoxmedical.com; Aetna policy 0113.

Decision rationale: Botox 100 units every 12 weeks to the right hand are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The Chronic Pain Medical Treatment Guidelines state that Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Botox can be used for hand spasticity. Aetna policy 0113 states that Botox can be used for focal hand dystonia. The documentation submitted does not reveal any evidence of dystonia, and spasticity in the right hand. Botox 100 units every 12 weeks to the right hand are not medically necessary.