

Case Number:	CM13-0051395		
Date Assigned:	12/27/2013	Date of Injury:	03/18/2012
Decision Date:	03/12/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/14/2013

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 and Rehabilitation, has a subspecialty in Pain Management 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 is a 64 year-old male who was injured on 3/18/12 when a pipe in the heating system burst and hot water splashed on his face. The ER report on 3/18/12 states he had multiple 2nd and 3rd degree burns 20-29% of his body surface involved. He has been diagnosed with right trigeminal neuralgia s/p burn injury, masseter myofascial pain syndrome and TMJ capsulitis. The plastic surgeon, [REDACTED] recommended botox chemodenervation injections to bilateral masseter muscles to control pain. This was carried out by the neurologist, [REDACTED]. UR has denied the Botox injections performed on 11/5/13 and denied a request to have the procedure performed every 3-months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injections 100 units to bilateral masseter (given 11/5/2013), every 3 months: Upheld

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

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

Decision rationale: The patient suffered a burn injury to his face and 23% of his body. He had z-plasty to the right axilla and intralesional steroid injections to the upper torso and right axilla,

split thickness homografts to the face, scalp, anterior neck, posterior torso and bilateral upper extremities, being managed by the plastic surgeon; and mild right-sided trigeminal neuralgia and masseter myofascial pain syndrome with TMJ capsulitis. The neurologist states the Botox injections have worn off after a month and this could account for the increased pain levels. The 11/5/13 operative report shows the Botox injections for myofascial pain of bilateral masseters. MTUS guidelines specifically states Botox or Myobloc is not recommended for myofascial pain; and states: "Several recent studies have found no statistical support for the use of Botulinum toxin A (BTX-A) for any of the following:... - Myofascial analgesic pain relief as compared to saline. (Qerama, 2006)" The Botox injections performed on 11/5/13 and the request for additional Botox injections every 3-months for pain control of bilateral masseter myofascial pain is not in accordance with MTUS guidelines.