

Case Number:	CM13-0059942		
Date Assigned:	12/30/2013	Date of Injury:	05/06/2003
Decision Date:	05/15/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/02/2013

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Ohio. 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 injured worker is a 54-year-old female with date of injury of 05/06/2003, mode of injury was not provided in the medical records. The injured worker has diagnoses of right shoulder pain, right elbow pain, right wrist pain, and cervical spine pain. The injured worker was seen on 10/23/2013 for a follow-up visit. Since the last visit, the injured worker was seen by orthopedic surgeon and x-ray was taken of the right shoulder which noted a flat acromion but no degenerative joint disease. Physical therapy was ordered 2 times a week for 4 weeks. The injured worker continues to have significant pain with pain levels ranging from 7/10 on a good day to 9/10 on a bad day. The injured worker reports upper extremity pain in addition to cervical spine pain and ongoing migraines. The injured worker would like to undergo a trial of onabotulinum toxin A for prophylactic treatment of her migraines as currently the injured worker is managing them with Fioricet and Maxalt and does not obtain full relief from her pain. She continues medication as prescribed. There is no evidence of side effects or illicit substances. On physical exam, right shoulder tenderness is noted to palpation at the AC joint as well as posterior aspect of her shoulder, full range of motion is noted, except for right shoulder extension. Cervical spine range of motion is full in all directions, muscle are tight and tender in the cervical paraspinal region and trapezius region bilaterally. Deep tendon reflexes are 1+ bilaterally, equal and symmetric of her upper extremities. The injured worker has a positive Neer and Hawkins test on the right with decreased internal rotation of the right shoulder compared to the left. Treatment plan is for chronic migraines recommend a trial of onabotulinum toxin A injection for prophylactic treatment of migraines to reduce oral medications and reduce frequency and severity. The injured worker is to continue Fioricet and Maxalt as needed for abortive treatment of migraines. The injured worker also to start physical therapy, continue Topiramate 200 mg at

bedtime for management of neuropathic pain. The request is decision for a trial onabotulinum toxin A injections, dated 10/23/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial of Onabotulinum Toxin A Injections: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence Based Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox®; Myobloc®), Page(s): 25-26.

Decision rationale: California MTUS notes for botulinum toxin (Botox, Myobloc), not generally recommended for chronic pain disorders, but recommended for cervical dystonia. It is not recommended for tension type headaches, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. Documentation provided showed that the patient did not have a diagnosis of cervical dystonia but did have chronic migraine headaches. The injured worker currently is managing the migraine headaches with Fioricet and Maxalt; however, the injured worker does not obtain full relief from her pain. The guidelines do note Botox injections are not recommended for migraine headaches. Also, the request as submitted failed to provide the number of injections being requested. Therefore, the request is non-certified.