

Case Number:	CM13-0071229		
Date Assigned:	01/08/2014	Date of Injury:	12/17/2002
Decision Date:	08/18/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/27/2013

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 55 year old employee with date of injury of 12/17/2002. Medical records indicate the patient is undergoing treatment for Tarsal tunnel syndrome, gait instability and neuritis. Subjective complaints include the patient reported having more motion, flexibility and could walk better after his trigger point injections. Aggressive therapy may have caused a flare up in the left knee and Achilles. On 2/20/14, the patient complained of chronic pain in the tarsal tunnel at the proximal mid and distal aspect and pain in the plantar nerve at the portal pedis of the left foot. He also complained of cramping and tightness of the plantar intrinsic muscles, four medial and four lateral. He also complained of pain at the keloid scar at the medial left ankle and along the Achilles tendon. There is pain and tightness at the Achilles tendon. Objective findings include status post hemi-arthoplasty, medial compartment, left knee (6/24/2013). He has a positive Tinel's sign over the peroneal nerve at the left fibular tunnel. On exam, palpation of the left foot, ankle and leg confirmed the patient's complaints. There was considerable pain of the left Achilles and under the keloid scar. There is pain at the plantar heel, fascia and intrinsic muscles of the left foot arch. Treatment has consisted of Norco, Prilosec and Ambien, Lidoderm patches, Flector patches and Lyrica. He was injected with 2% Xlyocaine plain cc with a small amount of Sodium Bicarbonate into trigger points in the lower half of the posterior left calf along the medial and lateral aspect of the Achilles and under the Achilles. He also received 3 injections in the trigger portions of lower portion of the calf. He has also been using Extra Depth shoes. The utilization review determination was rendered on 12/17/2013 recommending non-certification of 100 units of botox.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 UNITS OF BOTOX: Upheld

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

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

Decision rationale: The MTUS states concerning Botox Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. See more details below. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections. The MTUS additionally comments on trigger points, Recent systematic reviews have stated that current evidence does not support the use of BTX-A trigger point injections for myofascial pain. Or for mechanical neck disease (as compared to saline). A recent study that has found statistical improvement with the use of BTX-A compared to saline. Study patients had at least 10 trigger points and no patient in the study was allowed to take an opioid in the 4 weeks prior to treatment. (Gobel, 2006). MTUS does not support the use of BOTOX for trigger points and myofascial pain. As such, the request for 100 units of botox is not medically necessary.