

Case Number:	CM14-0003963		
Date Assigned:	02/05/2014	Date of Injury:	02/04/2000
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 58-year-old female who reported an injury on 02/04/2000. The mechanism of injury was that the injured worker tripped and fell, hitting the right side of her face and jaw. The Qualified Medical Examination of 05/20/2013 revealed that the injured worker should continue nighttime wear of a full coverage mandibular hard acrylic nightguard as she was given. It was indicated that it would need adjustments every 6 months and period replacement about once every 5 years unless the injured worker was a very heavy teeth grinder or broke or lost the appliance. The documentation of 12/10/2013 indicated that the injured worker had completed imaging studies of the cervical spine, and there were no abnormalities as C2-3, C3-4 and C4-5. At C5-6, there was a 3 mm posterior disc osteophyte complex with mild to moderate central canal stenosis measuring 9 mm. There was bilateral uncovertebral joint and facet hypertrophy, similarly at C6-7 and C7-T1. The physician opined that it would not cause a headache. He further opined that it may be a component as to a reason for neck pain down the left arm and in the ulnar distribution, and he indicated that he may consider a block of the left C5-6 and C6-7 selective nerve roots. He further indicated that in the meantime, he had requested authorization for botulinum toxin per migraine protocol, which was declined. The physician indicated that the injured worker had chronic migraines for which botulinum toxin was approved by the FDA. The injured worker had more than 15 days of headaches, described as migraines per month. The injured worker reported that the headaches lasted for more than 4 hours and had associated nausea, photophobia and phonophobia and worsened with physical activity. The injured worker failed a beta blocker, Topamax and nortriptyline. It was indicated that the injured worker fulfilled the criteria for chronic headaches, for which botulinum toxin has been approved. The diagnoses included chronic migraine, myofascial pain and cervical radiculopathy of C5-6 and C6-7. The physician opined the injured worker should have a series of posture stretching and

strengthening exercises, spray and stretch techniques. The physician opined that it was medically necessary to treat the jaw symptomatology with an intraoral appliance and would request authorization for the same. The treatment plan included Botox, an intraoral appliance, teaching posture and stretching as well as beginning Namenda.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRAORAL DEVICE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Doepel, M., Nilner, M., Ekberg, E., & Le Bell, Y. (2012). Long-term effectiveness of a prefabricated oral appliance for myofascial pain. *Journal of oral rehabilitation*, 39(4), 252-260.

Decision rationale: Per Doepel, M., Nilner, et. al. (2012), the long-term effectiveness of a prefabricated oral appliance (R) was compared with a stabilization appliance (S) in patients with myofascial pain. Results support the hypothesis that the effectiveness of the prefabricated appliance is similar to that of the stabilization appliance in the long-term when treating patients with myofascial pain. The clinical documentation submitted for review indicated that the injured worker had an intraoral appliance as of 05/2013. There was a lack of documentation indicating that the injured worker had either lost the appliance, broke the appliance or was a very heavy teeth grinder to support the necessity for a repeat appliance. The request as submitted failed to indicate the type of intraoral device that was being request. Given the above, the request for an intraoral device is not medically necessary.

BOTOX INJECTIONS, 200 UNITS EVERY THREE (3) MONTHS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Botulinum Toxin Page(s): 25, 26. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
<http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm229782.htm>

Decision rationale: The California MTUS Guidelines indicate that Botox is not recommended for tension type headaches or migraine headaches. However, the FDA has approved Botox to treat chronic migraines. The U. S. Food and Drug Administration indicate that patients with chronic migraines include patients who have a headache for more than 14 days of the month. The treatment is Botox every 12 weeks to try and dull future headache symptoms. The clinical documentation submitted for review indicated that the patient had headaches approximately 15

days out of the month. They were migrainous in nature. The clinical documentation submitted for review failed to indicate the injured worker had decreased pain and that there was objective functional improvement from the prior injections. Additionally, the duration of the request was not provided per the submitted request. Given the above, the request for Botox injections for 200 units every 3 months is not medically necessary.