

<b>Case Number:</b>	CM14-0006189		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	02/10/2012
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Occupational Medicine 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 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 63-year-old male who has submitted a claim for status post open reduction and internal fixation (ORIF) of the right acetabulum, status post ORIF of prosthetic fracture, history of osteomyelitis of right proximal femur, history of osteomyelitis of the proximal femur, associated with an industrial injury date of February 10, 2012. Medical records from 2013-2014 were reviewed, the latest of which dated January 10, 2014 revealed that the patient presents with ongoing complaints of right hip pain and discomfort. He reports ongoing complaints of right groin pain. He is currently using a cane for both community and household ambulation. On physical examination of the right hip, the patient has pain with internal rotation greater than 20 degrees at the groin. He has pain with external rotation greater than 40 degrees. He has pain with forward flexion greater than 100 degrees. Progress note dated January 9, 2014 revealed that the patient continues to have pain over the right hip, groin, and right femur. He continues to complain of significant pain and muscle spasms in the right groin area. He has occasional episodes of increased pain with indiscreet movement of his right hip and right femur. Use of his right lower extremity increases the pain. On physical examination, the patient's gait is with a limp on the right favoring the right hip and knee. He has significant tenderness over the right hip joint and greater trochanter bursa, and over the ilioinguinal, iliofemoral and vastus lateralis tendons. He has significant tightness, tenderness, and trigger points with spasms in the right ilioinguinal, iliofemoral and vastus lateralis muscles. He has increased pain with internal and external rotation of the right femur. Treatment to date has included close manipulation right femoral fracture (2/10/12); ORIF right subtrochanteric femoral fracture (2/12/12), ORIF right proximal femoral fracture (12/27/12), right knee arthroscopy (2012), right iliofemoral and ilioinguinal tendon injections, right greater trochanteric bursa injection, right buttock trigger point injection, right knee injections, and medications which include Norco, Butrans patch,

Lidoderm patch and Flector patch. Utilization review from January 16, 2014 denied the request for botox trigger point injections to right iliofemoral ilioinguinal, gluteus medius, maximus, and piriformis muscles because the documentation does not identify claimant having a diagnosis of cervical dystonia.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **BOTOX TRIGGER POINT INJECTIONS TO RIGHT ILIOFEMORAL ILIOINGUINAL, GLUTEUS MEDIUS, MAXIMUS, AND PIRIFORMIS MUSCLES:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc).

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

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Botox is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. In this case, the patient had trigger point injections to the gluteus medius, maximus and piriformis muscles in October 2013 with good reduction of pain and muscle spasms but only lasted for 1-2 weeks. The most recent clinical evaluation reveals that there is significant tenderness over the right hip joint and greater trochanter bursa, and over the ilioinguinal, iliofemoral and vastus lateralis tendons. Also there is significant tightness, tenderness, and trigger points with spasms in the right ilioinguinal, iliofemoral and vastus lateralis muscles. However, the request for Botox trigger point injections for the iliofemoral, ilioinguinal, gluteus medius, gluteus maximus and piriformis area is not guideline recommended. Therefore, the request is not medically necessary.