

Case Number:	CM14-0018547		
Date Assigned:	04/18/2014	Date of Injury:	03/16/2001
Decision Date:	06/30/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/13/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Texas and Oklahoma. 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 who reported injury on 03/16/2001. The mechanism of injury was the injured worker was providing CPR and first aid training when she heard a popping noise from her wrist to her elbow. Diagnoses included bilateral upper and lower extremity complex regional pain syndrome, status post spinal cord stimulator placement upper extremities 06/24/2004 with revision 02/07/2008 and 01/28/2010, and status post spinal cord stimulator placement lower extremities 03/21/2005 with revision 02/07/2008 and 01/28/2010, De Quervain's tenosynovitis, lateral epicondylitis, status post SCS revision on 03/29/2012, multiple caries secondary to xerostomia due to chronic opioid use, and chronic cervicogenic headaches, as well as medication-induced gastritis. The documentation of 11/18/2013 revealed the injured worker had severe and debilitating headaches on a daily basis and the injured worker and the physician were waiting on authorization to proceed with the botulinum toxin injections, which the physician opined would be very effective in treating the injured worker's headaches. It was indicated the injured worker consistently responded to trigger point injections and occipital blocks, but they only provided temporary relief. It was indicated the injured worker had tried Topamax, but it did not make a difference. The injured worker had a CT of the brain on 06/14/2013, which was unremarkable. The treatment plan on that date was for botulinum toxin 300 units to be administered to the cervical and suboccipital region. It was indicated the injured worker suffered from a mild form of post-traumatic cervical dystonia as a result of the injury. It was indicated the injured worker gets debilitating headaches as a result of the sustained cervical muscle contractions, which leads to abnormal posture/alignment of the neck and shoulder girdle. The injured worker had responded very well to diagnostic trigger point injections on several occasions. The physician opined the injured worker was an excellent candidate for botulinum toxin, which was recently FDA approved to treat headaches. Botulinum toxin was medically

indicated and used for the treatment of fibromyalgia and myofascial pain syndrome as well. The documentation of 01/09/2014 revealed the injured worker and physician continued waiting on botulinum toxin injections. The request was made to precede with botulinum toxin 300 units to be administered to the injured worker's cervical and suboccipital region as previously requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTIONS 200 UNITS: Upheld

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

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: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm229782.htm>.

Decision rationale: California MTUS Guidelines indicate that botulinum toxin is not generally recommended for chronic pain disorders, but it is recommended for cervical dystonia. It is not recommended for tension type headaches, migraine headaches, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger point injections. The physician indicated the botulinum toxin was recently FDA approved to treat headaches. As such the FDA Guidelines were sought. Per fda.gov, the FDA approved Botox to treat chronic migraines and the treatment is supported when a patient experiences a headache more than 14 days of the month. The clinical documentation failed to indicate the injured worker had migraine headaches. The request as submitted failed to indicate the body part to be treated with the Botox injections. The physician documentation indicated the request was for 300 units and the request as submitted is for 200 units. The request would not be supported as it is not recommended nor supported by the FDA for chronic headaches. Given the above, the request for BOTOX INJECTIONS 200 UNITS is not medically necessary.