

Case Number:	CM14-0111014		
Date Assigned:	08/01/2014	Date of Injury:	08/23/2005
Decision Date:	09/12/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/16/2014

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 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 65-year-old female who reported an injury on 08/23/2005. The mechanism of injury was not provided. The diagnosis was mononeuritis NOS. Other treatments were noted to include Botox. The diagnostic studies and the specific surgical history were not provided, however, it was indicated the injured worker had a shoulder scar from surgery. The documentation of 04/21/2014 revealed the injured worker was unable to receive botulinum toxin injections, and as a result, she was in a significant amount of pain, limiting her from performing activities. The injured worker was noted to have a right shoulder scar that had been treated with Botox, consistently, with significant improvement in symptoms to the point where the injured worker had normal function. The current medications were noted to include trileptal 300 mg tablets 4 tabs per day, aldactone 0.5 of a tablet by mouth once a day, lidocaine ointment, Coreg 25 mg tablets, Norpramin 50 mg tablets and Zestril 5 mg tablets. The treatment plan included a resumption of botulinum toxin injections, which was noted to cause a resolution of the pain. There was no DWC form RFA submitted for the requested service.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botulinum toxin injections (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The California MTUS Guidelines do not recommend Botox for chronic pain disorders, however, it is recommended for cervical dystonia. It is not recommended for chronic neck pain or myofascial pain syndrome or trigger point injections. The clinical documentation submitted for review indicated that the injured worker received pain relief. However, there was a lack of documentation of objective functional benefit that was received and objectification of the symptoms that were decreased with the injections. Additionally, there was a lack of documentation indicating the quantity of Botulinum toxin injections and the amount of Botox serum being requested. Given the above, the request for Botulinum toxin injections, quantity unspecified, is not medically necessary.