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| Case Number: | CM14-0125739 | | |
| Date Assigned: | 08/13/2014 | Date of Injury: | 04/14/2009 |
| Decision Date: | 09/22/2014 | UR Denial Date: | 07/30/2014 |
| Priority: | Standard | Application Received: | 08/08/2014 |

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, has a subspecialty in Pain 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 injured worker is a 53-year-old male with an original date of injury on April 14, 2009. The covered body regions include the neck, low back, and right wrist. The patient has a diagnosis of post-traumatic headache in addition to cervical radiculopathy, lumbar strain, right carpal tunnel syndrome, depression, and anxiety. Conservative therapies have included Cymbalta, oxycodone, Neurontin, Zanaflex, trazodone, and Duexis. The disputed request is for Botox injections. A utilization review determination indicated that Botox was not approved for tension type headache, migraine headache, fibromyositis, myofascial pain syndrome, and chronic neck.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 200 U injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Botulinum toxin.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines on pages 25-26 specify the following regarding botulinum toxin injections: "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-

type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. (Gobel, 2006) In the case of this injured worker, there is documentation of myofascial type of pain with palpable spasm in the cervical paraspinals as documented in a progress note on February 11, 2014. There is no indication of chronic migraine, which is a specific type of headache lasting more than 15 out of 30 days per month. There is also no documentation of cervical dystonia. Given the lack of appropriate indication, the request for Botox is not medically necessary.