

Case Number:	CM14-0138771		
Date Assigned:	09/05/2014	Date of Injury:	06/21/2011
Decision Date:	11/07/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/26/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome, gastroesophageal reflux disease, and gastroparesis reportedly associated with an industrial injury of June 21, 2011. In a Utilization Review Report dated August 6, 2014, the claims administrator approved an EGD while denying a request for a Botox injection. It was suggested (though not clearly stated) that the Botox injection was being employed for treatment of gastroparesis. The claims administrator stated that the request for a Botox injection represents a repeat Botox injection for gastroparesis and was being considered to avoid surgery for reflux. The applicant's attorney subsequently appealed. In a July 25, 2014 progress note, the applicant presented with a history of severe gastroparesis. The applicant had apparently had a Botox injection and had apparently failed to benefit from the same. The applicant had a pending gastric emptying scan, it was stated. The applicant had a variety of issues with reflux, it was stated, despite ongoing Nexium usage. The applicant was symptomatic on a daily basis. The applicant's medication list included losartan, Soma, Nexium, Motrin, and Crestor, it was stated. The applicant was status post hernia surgery, carpal tunnel release surgery, and Nissen fundoplication procedure. The applicant was obese, with a BMI of 33. Domperidone was endorsed for reportedly severe reflux and gastroparesis in conjunction with a repeat endoscopy with Botox injection to see if this improves the applicant's symptoms. The applicant was asked to try and employ fiber for constipation. In an earlier note dated May 15, 2014, the applicant was described as status post Nissen fundoplication and Botox injection for refractory GERD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Am J Gastroenterol, 2002 Jul;97(7): 1653-60 Miller LS1, Szych GA, Kantor SB, Bromer MQ, Knight LC, Maurer AH, Fisher RS, Parkman HP.

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: Uptodate.com, Surgical Management of Gastroesophageal Reflux in Adults.

Decision rationale: The MTUS does not address the topic of Botox injections for reflux or gastroparesis, the issue seemingly present here. As noted by up to date.com, applicants with severe persistent symptoms of reflux with documented GERD and/or gastroparesis are candidates for "pyloric Botox" injections. In this case, the applicant's GERD and gastroparesis issues are, in fact, severe. The applicant's GERD and gastroparesis have, in fact, proven recalcitrant to an earlier Nissen fundoplication surgery, antireflux medications, phenothiazine medications, etc. Performing Botox injections in an effort to avoid further reflux surgery is therefore a worthwhile effort. Accordingly, the request is medically necessary.