

Case Number:	CM14-0037819		
Date Assigned:	06/25/2014	Date of Injury:	09/25/2011
Decision Date:	09/05/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	03/31/2014

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 and Rehabilitation, has a subspecialty in Pain Management 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:

This is a female patient with a date of injury of September 25, 2011. A utilization review determination dated March 20, 2014 recommends non-certification of Botox 200 units. A progress note dated March 12, 2014 identifies subjective complaints of moderate to severe pain in the neck with radiation up the back of the neck to the occipital region down into the trapezius muscles bilaterally left greater than right, daily dull headaches with severe migraines 1 to 2 times per week, and left hand weakness. The patient reports to have received Botox injections for her neck pain on February 21, 2014 with another doctor because workers comp would not pay for it. The patient's pain level of bilateral occipital region is reported to be a 4 out of 10 and of the neck to be a 6 out of 10. Medications listed include Topamax 25 mg three at bedtime, Tylenol 325 mg 1 every 4 hours as needed, and microgestin 1mg-20 mcg one daily. Physical examination identifies no abnormal curvature of the cervical spine, tenderness to palpation over the bilateral suboccipital region, tenderness to palpation over the left upper and mid cervical facets, there is bilateral trapezius spasm, and there is left scapula spasm. Cervical axial compression is positive bilateral and Spurling sign is negative bilaterally. There is pain present with cervical range of motion and there is myospasm of bilateral trapezius muscles. Upper extremity strength is 5/5 bilaterally. Diagnoses include chronic migraine without aura, cervical disc degeneration, and cervicgia. The treatment plan recommends refill of current medications, use of ice and moist heat for pain control, requests for Botox 200 units for the head, and request for cervical epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX 200 UNITS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 25-26 of 127 Page(s): 25-26 of 127.

Decision rationale: Regarding the request for Botox 200 units, Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Guidelines go on to state specifically that botulinum is, "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." Within the documentation available for review, the requesting physician has suggested, based on the proposed injection site that was documented which was the head, that the Botox will be injected for the patient's headache. The guidelines do not support the use of Botox for the diagnosis of migraine headache, nor any of the other diagnosis listed. In light of the issues listed above, the currently requested Botox 200 units are not medically necessary.