

<b>Case Number:</b>	CM14-0044652		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	05/23/2001
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 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:

This is a patient with a date of injury of May 23, 2001. A utilization review determination dated April 1, 2014, recommends non-certification of Botox. A progress report dated March 13, 2014, identifies subjective complaints of cervical spine pain. Positioning of the cervical spine worsens pain. The patient also has knee complaints. Current medications include Lidoderm, aspirin, Sumatriptan, naproxen, Ambien, Norco, and Trazodone. Physical examination findings identify moderate tightness and tenderness in the paravertebral musculature, right greater than the left, with tightness and tenderness in the right trapezius on the left side. Extension and rotation to the right cause discomfort which extends into the right junction. Diagnoses include trigger finger, leg pain, lumbar sprain/strain, and cervical spondylosis. The treatment plan recommends Botox 100 units for cervical myofascial syndrome. The note states that the patient has persistent pain and tenderness over the superior medial border of the scapula, which is a result of cervical myofascial pain syndrome. Botox is requested to "break up the spasm and pain pattern.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox Injection, 100 units:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox; Myobloc) Page(s): 25-26.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26 of 127.

**Decision rationale:** 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, there is no indication that the patient has a diagnosis of cervical dystonia. As such, the currently requested botulinum toxin is not medically necessary.