

Case Number:	CM14-0182486		
Date Assigned:	11/07/2014	Date of Injury:	08/06/1987
Decision Date:	01/02/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/03/2014

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 neck pain, shoulder pain, and headaches reportedly associated with an industrial injury of August 6, 1987. In a Utilization Review Report dated October 7, 2014, the claims administrator failed to approve request for Botox injections. The claims administrator stated that its decision was based on a September 23, 2014 progress note. In a May 22, 2014 progress note, the applicant received a Toradol injection. The applicant was given diagnoses of occipital neuralgia, tension headaches, myofascial pain, cervical radiculitis, and shoulder pain. The applicant's medications included Cymbalta, Benadryl, Levoxyl, Zestoretic, Marinol, Zofran, Ativan, Percocet, Motrin, and Reglan. The applicant was asked to follow up on a p.r.n. basis. The applicant's work status was not furnished. On July 30, 2014, the applicant was again described as using Zofran, Marinol, Zestoretic, Levoxyl, Benadryl, Cymbalta, Reglan, Motrin, Percocet, Ativan, and vitamins. On August 2, 2014, the applicant reported ongoing complaints of neck pain, status post earlier cervical fusion surgery, as high as 8/10. The applicant stated that she had worsened pain with flexion. The applicant's medication list included Zestoretic, Motrin, Levoxyl, Percocet, Ativan, and tramadol, it was acknowledged. 5/5 upper extremity strength was noted. The applicant was given injections of Toradol, Benadryl, morphine, and Reglan and discharged in a fully stable condition. On September 19, 2014, the applicant was again given a Toradol injection. It was stated that the applicant had been given a 45% whole-person impairment rating in the past. The applicant was status post three cervical fusion surgeries, it was noted. The applicant's work status was not clearly outlined. On September 23, 2014, the applicant was placed off of work, on total temporary disability. It was stated that the applicant had had previous migraine headaches which she believed have been temporarily helpful. The applicant had stopped Marinol, it was stated in one section of the note, while another section stated that the applicant had denied

having used marijuana. Botox injections were sought. The applicant was placed off of work. The applicant was given another Toradol injection. Various diagnoses were given, including occipital neuralgia, migraine headaches, tension headaches, cervical osteoarthritis, degenerative disk disease, cervical radiculitis with right greater than left arm pain, myofascial pain syndrome, and shoulder pain. On October 21, 2014, the applicant was again kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection type A 200 u: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 26.

Decision rationale: As noted on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are not recommended for tension type headaches, fibromyalgia, chronic neck pain, and myofascial pain syndrome, several of the diagnoses reportedly present here. While page 26 of the MTUS Chronic Pain Medical Treatment Guidelines states that evidence on Botox injections is mixed for migraine headaches, in this case, however, it does not appear that migraine headaches were the primary pain generator here. The applicant's primary pain generator appeared to be chronic neck pain with residual cervical radicular complaint status post earlier cervical spine surgery, a condition for which Botox injections are not recommended, per page 26 of the MTUS Chronic Pain Medical Treatment Guidelines. It is noted that the applicant has previously had Botox injections, despite the tepid-to-unfavorable MTUS position on the same for the diagnosis in question and has, furthermore, failed to demonstrate any lasting benefit or functional improvement through the previous Botox injections. The applicant remains off of work, on total temporary disability. The applicant remains dependent on opioid agents such as Percocet, frequently presents to the emergency department for flares of pain, and is also apparently dependent on frequent Toradol injections. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier Botox injections at various points during the course of the claim. Therefore, the request for another Botox injection is not medically necessary.