

<b>Case Number:</b>	CM14-0188963		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	11/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 58-year-old man who sustained a work-related injury on October 15, 2009. Subsequently, the patient developed a chronic syndrome. According to a progress report dated on October 23, 2014, the patient was complaining of chronic pain in the left mid-thoracic region for which he was treated with Botox injections of the left trapezius and rhomboid muscles 5 months ago. The provider reported 70% improvement of pain over 3-4 months. The patient was treated also with physical therapy. The patient physical examination demonstrated tenderness over the left thoracic facet joints, myofascial tenderness and pain. The patient was diagnosed with myofascial pain, thoracic pain and muscle spasm. The provider requested authorization for another Botox injection.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic)

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

**Decision rationale:** According to MTUS Chronic Pain Medical Treatment Guidelines, Botulinum toxin is "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. Several recent studies have found no statistical support for the use of Botulinum toxin A (BTXA) for any of the following: The evidence is mixed for migraine headaches. This RCT found that both botulinum toxin typeA (BoNTA) and divalproex sodium (DVPX) significantly reduced disability associated with migraine, and BoNTA had a favorable tolerability profile compared with DVPX. (Blumenfeld, 2008) In this RCT of episodic migraine patients, low-dose injections of BoNTA into the frontal, temporal, and/or glabellar muscle regions were not more effective than placebo. (Saper, 2007) Botulinum neurotoxin is probably ineffective in episodic migraine and chronic tension-type headache (Level B). (Naumann, 2008)- Myofascial analgesic pain relief as compared to saline. (Qerama, 2006)- Use as a specific treatment for myofascial cervical pain as compared to saline. (Ojala, 2006) (Ferrante, 2005) (Wheeler, 1998)- Injection in myofascial trigger points as compared to dry needling or local anesthetic injections. (Kamanli, 2005) (Graboski, 2005)."According to MTUS Chronic Pain Medical Treatment Guidelines, Botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. It is not recommended for migraine headaches, tension headaches, chronic neck pain, trigger point injection, thoracic pain and myofascial pain. In addition, there are no controlled studies supporting the use Botox for this patient's condition. Therefore, the request for Botox injection, #100 units is not medically necessary.