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| <b>Case Number:</b>   | CM14-0206667 |                              |            |
| <b>Date Assigned:</b> | 12/18/2014   | <b>Date of Injury:</b>       | 02/22/2001 |
| <b>Decision Date:</b> | 02/11/2015   | <b>UR Denial Date:</b>       | 12/01/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/10/2014 |

### 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 Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 57 year old female with the injury date of 02/22/01. Per physician's report 11/20/14, the patient has neck pain at 5-10/10, radiating down both of her shoulders and radiating up to head and causing headaches. "Headaches usually last for 5 hours and occur 20 times a month and has been progressively worsening over time." "The patient had Botox injection over cervical area with 80% pain relief lasting up to 12 weeks. The pain gradually increased in intensity, but still less than her baseline level... The patient requests another injection because it was helpful in the past." The patient had physical therapy with temporal pain relief. The patient is currently taking Cymbalta, Klonopin, Lunesta, Mobic, Gabapentin, Methoderm ointment, Bystolic, Percocet, Hyzaar, Phentermine, Prilosec, Soma and Zofran. The lists of diagnoses are: 1) Cervical post laminectomy syndrome 2) Occipital neuralgia 3) Cervical facet arthropathy 4) Chronic migraine without aura without mention of intractable migraine or statue migrainous 5) Myofascial pain syndrome/ fibromyalgia 6) Encounter for therapeutic drug monitoring. Per 09/24/14 progress report, the patient has constant neck and shoulder pain at 8/10, aggravated by her activities. The patient is s/p cervical fusions C5-6 and C6-7 in 2001 and in 2004. The patient is taking Imitrex for migraine headaches. The patient reports 72% disability on the Oswestry Index. Per 08/25/14 progress report, the patient has the same pain in her neck and shoulders at 5/10. The utilization review determination being challenged is dated on 12/01/14. Treatment reports were provided from 05/27/14 to 12/16/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox Injections:** Upheld

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

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

**Decision rationale:** The patient presents with pain in her neck and shoulders. The patient is s/p cervical fusions at C5-6 and C6-7 in 2001 and 2004. The request is for BOTOX INJECTION. Per 11/20/14 progress report, "the patient had Botox injection over cervical area with 80% pain relief lasting up to 12 weeks. The pain gradually increased in intensity, but still less than her baseline level... The patient requests another injection because it was helpful in the past." The utilization review letter indicates that the patient has had 2 Botox injections in the past. Regarding Botox, MTUS Guidelines page 25 and 26 state, "not generally recommended for chronic pain disorder but recommended for cervical dystonia." It further states, "not recommended for tension-type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, and trigger-point injections". In this case, the treater prescribed Botox injection for the patient's chronic neck pain and migraine for which there is lack of MTUS guidelines support. The request IS NOT medically necessary.