

<b>Case Number:</b>	CM15-0103357		
<b>Date Assigned:</b>	06/05/2015	<b>Date of Injury:</b>	01/04/1996
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/29/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 injured worker is a(n) 68 year old male, who sustained an industrial injury on 1/4/96. He reported pain in his jaw related to stress and teeth grinding. The injured worker was diagnosed as having TMJ degenerative joint disease. Treatment to date has included physical therapy, several dental splints and a jaw x-ray. As of the PR2 dated 2/9/15, the injured worker reports bilateral temporomandibular joint pain. He rates his pain 5-9/10 with bilateral popping and clicking in the joints. Objective findings include bilateral coarse opening and closing was detected with and without stethoscope and moderate mid-opening and closing click was detected in the left TMJ with a stethoscope. The treating physician requested Botox 100unit injection to the TMJ joint, Nitrous oxygen and Ketamine/Lidocaine/Flexeril Gel, 30 gm # 1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**100 unit Botox injection, Qty 1: 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 Botulinum Toxin Section Page(s): 25, 26.

**Decision rationale:** The MTUS Guidelines do not recommend the use of Botox for chronic pain disorders, but do recommend for cervical dystonia. Botox is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. The injured worker's chronic TMJ pain does not fit the criteria for the use of botox, therefore the request for 100 unit Botox injection, Qty 1 is determined to not be medically necessary.

**Nitrous Oxygen, Qty 1:** 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 Botulinum Toxin Section Page(s): 25, 26.

**Decision rationale:** The nitrous oxygen is an anesthetic for use during Botox injections. The MTUS Guidelines do not recommend the use of Botox for chronic pain disorders, but do recommend for cervical dystonia. Botox is not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. The injured worker's chronic TMJ pain does not fit the criteria for the use of Botox, therefore the request for 100 unit Botox injection, Qty 1 is determined to not be medically necessary. The request for Botox is not supported, therefore, the request for Nitrous Oxygen, Qty 1 is determined to not be medically necessary.

**Ketamine/Lidocaine/Flexeril Gel, 30 gm Qty 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Compound medications; topical compounds.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Ketamine Section Page(s): 56, 111-113.

**Decision rationale:** Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. Topical lidocaine in the formulation of a cream, gel, or lotion is not recommended. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. The MTUS Guidelines state that there is no evidence for use of muscle relaxants, such as cyclobenzaprine, as a topical product. Per MTUS guidelines Ketamine is not recommended. There is insufficient evidence to support the use of ketamine for the treatment of chronic pain. There are no quality studies that support the use of ketamine for chronic pain, but it is under study for CRPS. As one or more of the compounded ingredients are not recommended by the guidelines, the request for Ketamine/Lidocaine/Flexeril Gel, 30 gm Qty 1 is determined to not be medically necessary.