

Case Number:	CM15-0132063		
Date Assigned:	07/20/2015	Date of Injury:	10/18/2010
Decision Date:	08/14/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/08/2015

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: Family Practice

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 49-year-old female, who sustained an industrial injury on 10/18/2010, while employed as a healthcare coder from cumulative trauma. The injured worker was diagnosed as having right carpal tunnel syndrome, cervical disc disease, occipital neuralgia, severe headaches, lumbar disc disease, sleep disorder, and chronic pain in cervical and low back. Treatment to date has included diagnostics, occipital nerve block, acupuncture, and medications. A Qualified Medical Re-Evaluation (3/26/2015) noted various recommendation for migraine headaches, the last being Botox injections every three months. Currently, the injured worker complains of constant headaches and mid and low back pain. Her constant pain and lack of concentration precluded her from working. Her work status was total temporary disability. An intrathecal pain pump trial was authorized and pending scheduling. Her current medication regimen was difficult to determine. The request was for Botox injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection: 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 Botulism Toxin Page(s): 25-26.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of Botulinum toxin (Botox) as a treatment modality. Botox is not generally recommended for chronic pain disorders, but recommended 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. Several recent studies have found no statistical support for the use of Botulinum toxin A (BTX- A) for any of the following: The evidence is mixed for migraine headaches. This RCT found that both botulinum toxin type A (BoNTA) and divalproex sodium (DVPX) significantly reduced disability associated with migraine, and BoNTA had a favorable tolerability profile compared with DVPX. 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. Botulinum neurotoxin is probably ineffective in episodic migraine and chronic tension-type headache (Level B). Recent systematic reviews have stated that current evidence does not support the use of BTX. A trigger point injections for myofascial pain or for mechanical neck disease (as compared to saline). A recent study that has found statistical improvement with the use of BTX-A compared to saline. Study patients had at least 10 trigger points and no patient in the study was allowed to take an opioid in the 4 weeks prior to treatment. Botox is recommended for the following conditions: Cervical dystonia, a condition that is not generally related to workers' compensation injuries (also known as spasmodic torticollis), and is characterized as a movement disorder of the nuchal muscles, characterized by tremor or by tonic posturing of the head in a rotated, twisted, or abnormally flexed or extended position or some combination of these positions. When treated with BTX-B, high antigenicity limits long-term efficacy. Botulinum toxin A injections provide more objective and subjective benefit than trihexyphenidyl or other anticholinergic drugs to patients with cervical dystonia. Chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. Some additional new data suggests that it may be effective for low back pain. In this case, the records do not support the need for a Botox injection. Specifically, there is insufficient evidence that the patient has cervical dystonia as an underlying diagnosis. Further, the records suggest that Botox is being recommended for the patient's chronic headache syndrome. As noted in the above cited guidelines, this use of Botox is not recommended. In summary, there is insufficient evidence in support of the use of Botox. A Botox injection is not medically necessary.