MAXIMUS Federal Services

Case Number:	CM15-0201074		
Date Assigned:	10/16/2015	Date of Injury:	01/18/2013
Decision Date:	11/24/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/13/2015

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: Arizona, 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 66 year old male, who sustained an industrial injury on 1-18-13. The injured worker is diagnosed with chronic pain and left thumb pain. A note dated 8-19-15 reveals the injured worker presented with complaints of constant left hand-thumb pain described as aching and numbness. The pain is increased with any activity and decreased with rest. A physical examination dated 8-19-15 revealed decreased "left thumb range of motion by 50% in all planes except flexion, which is full" and tenderness to palpation along the medial thumb tip. Treatment to date has included surgical intervention; open reduction internal fixation and a bone graft; casting, physical therapy, left thumb steroid injection and medications. A request for authorization dated 8-20-15 for Botox injections 50 units to scar neuroma left hand-thumb is denied, per Utilization Review letter dated 9-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection, 50 units to scar neuroma left hand/thumb: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc). Decision based on Non-MTUS Citation Clin Drug Investing. 2013 Jul; 33(7): 497/503. Published online 2013 Jun 6. doi: 10.1007/s40261-013-0090-0PMCID: PMC3691490Treatment of Morton Neuroma with Botulinum Toxin A: A Pilot Study José M. Climent, corresponding author Francisco Mondéjar-Gómez, Carmen Rodríguez-Ruiz, Ismael Díaz-Llopis, Diego Gómez-Gallego, and Patricia Martín-Medina.

Decision rationale: According to the guidelines, Botox is not indicated for hand /thumb disorders but rather for cervical dystonia. In other cases of neuroma it has been found to possible play a role in pain reduction. In this case, the injection was requested for scarring down a neuroma for chronic thumb pain. There is insufficient evidence to support this use and the Botox is not medically necessary.