

<b>Case Number:</b>	CM15-0225593		
<b>Date Assigned:</b>	11/24/2015	<b>Date of Injury:</b>	02/05/2004
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2015

### 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, Oregon, Washington  
Certification(s)/Specialty: Orthopedic Surgery

### 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 was a 43 year old female, who sustained an industrial injury on February 5, 2004. The injured worker was undergoing treatment for cervical pain and or torticollis, right upper extremity CRPS (complex regional pain syndrome), muscle spasms and depression. According to the progress note of August 13, 2015, the injured worker had a very response to the Onabotulinum toxin injection. The injured worker was having good control of the migraines since the last visit. According to progress note of September 15, 2015, the injured worker was being seen for a follow-up. The injured worker was due for an Onabotulinum toxin injection. The injured worker reported the Gabapentin had been decreased. The injured worker reported an increase in pain burning in nature. The injured worker reported that her skin was crawling like bugs on it. The injured worker reported that when the Gabapentin was 600mg every eight hours the symptoms subsided and the pain was better managed. The physical exam noted the cervical spine range of motion was within w normal limits. There was decreased muscle tightness. The upper extremity strength was 4 out of 5 in the right upper extremity and 5 out of 5 in the left upper extremity. The upper extremity reflexes were 2 plus bilaterally equal and symmetrical. The Tinel's sign was positive in the right wrist. The Onabotulinum toxin injection was given at this visit. The injured worker previously received the following treatments current medications Onabotulinum toxin injection once a month for migraine headaches, Gabapentin, Tizanidine, Nizatidine, Temazepam, Sumatriptan, Orphenadrine, Fluoxetine, Opana, Atarax, Morphine, right shoulder arthroscopy surgery in 2009, 7 physical therapy sessions and psychological services. The RFA (request for authorization) dated August 13, 2015; the following treatments

were requested repeat Onabotulinum toxin injections every 12 weeks for migraine headaches and cervical pain and muscle spasms. The UR (utilization review board) denied certification on November 10, 2015; for repeat Onabotulinum toxin injections every 12 weeks.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Repeat Onabotulinum toxin injections every 12 weeks: 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 rationale:** Per CA MTUS Chronic Pain / Botulinum toxin, the use of botulinum toxin / Botox is "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia." Cervical dystonia is 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. Furthermore its use is "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." With regard to lower back pain botulinum toxin is recommended, "If a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program." In this case, review of the medical records from 9/15/15 does not show a diagnosis of cervical dystonia. There is no evidence of treatment of lower back pain with a functional restoration program. CA MTUS guidelines state that botulinum toxin is "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." Therefore, the use of botulinum toxin is not medically necessary and the recommendation is for non-certification.