

<b>Case Number:</b>	CM15-0050378		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	06/18/2010
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46 year old male, who sustained an industrial injury on 06/18/2010. He has reported subsequent elbow and wrist pain and was diagnosed with lateral epicondylitis of the left elbow and carpal tunnel syndrome of the wrist. Treatment to date has included oral pain medication, home exercises, bracing, application of heat and sympathetic blocks. In a progress note dated 01/20/2015, the injured worker complained of neck, left wrist and left hand pain. Objective findings were notable for biceps contractions and decreased wrist extremity strength. The physician noted that a request for botox to the left wrist was being made.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Botox injection to the Left wrist (200 units): 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 Botulinum toxin, Botox Page(s): 25-26. Decision based on Non-MTUS Citation Official disability guidelines Carpal Tunnel Syndrome (Acute & Chronic) chapter, Botulinum toxin.

**Decision rationale:** The patient presents with neck, Left wrist and left hand pain rated at 3/10. The request is for 1 Botox Injection To The Left Wrist (200 Units). The request for authorization is not provided. Patient's imaging includes EMG/NCS of the lower extremities and X-rays, reports are not provided. Wrist extremity strength test 2/5. The pain occurs intermittently and frequently increases to 7/10. He does not report any change in location of pain. Patient denies any change in characteristics of pain since last visit. Patient denies any new symptoms. He is unable to tolerate work activities. Quality of sleep is poor. The patient reports that he is tolerating his medication, home exercises, brace and heat. Patient's medications include Klonopin, Elavil, Hydroxyzine, Benefiber, Cymbalta, Zanaflex, Zofran, Oxycontin, Provigil, Vitamin D3 and Norco. The patient is not working. 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." ODG Online Edition Chapter: Carpal Tunnel Syndrome (Acute & Chronic) "Botulinum toxin: Not recommended. Botulinum toxin B is not dramatically superior to placebo for the relief of CTS symptoms. In a double blind study there was no statistically significant difference between the two study groups regarding changes from baseline in any study outcome. (Breuer, 2006)" Treater does not discuss the request. In this case, the patient is diagnosed with carpal tunnel syndrome, however, MTUS does not support Botox injections for CTS symptoms. Furthermore, there is no documentation of cervical dystonia, for which Botox injections would be indicated. Therefore, the request Is Not medically necessary.