

<b>Case Number:</b>	CM14-0162430		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	10/22/2001
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a male patient with the date of injury of October 22, 2001. A Utilization Review was performed on September 2, 2014 and recommended non-certification of Botulinum Toxin 300 units, cervical, suboccipital, forehead & temporal regions; Flomax 0.4 mg, 1 tab QD #30; and Fexmid 7.5 mg BID PRN #60 (for intermittent short term use). A Follow-up Pain Management Consultation dated August 12, 2014 identifies ongoing pain in the neck, back pain with radicular symptoms, and especially headaches. Objective Findings identify obvious deformities of his neck and shoulder girdle because of dystonia on the right side with the right shoulder riding higher than left. The patient has a deformity on the right side of his face with an eye droop. Severe tenderness to palpation at the suboccipital region as well. Right upper extremity reveals a clawed right hand. The arm is close to his body with little range of motion to the shoulder, elbow, or wrist because of tonic changes. Tenderness to palpation throughout the right arm. There is swelling of the right arm when compared to the left. Pain to palpation throughout the lumbar musculature. Decreased sensation in the lower extremities globally in the left and in about the L5 distribution. Assessment identifies traumatic brain injury secondary to head trauma, post-traumatic headache syndrome, post-traumatic dystonia, status post C5-6 and C6-7 anterior cervical discectomy and fusion, right upper extremity radiculopathy, cervicogenic headaches becoming migraines frequently, lumbar myoligamentous injury, posttraumatic depression, right shoulder impingement syndrome, status post arthroscopic surgery times two, urologic and fecal dysfunction, and medication-induced gastritis. Discussion identifies Botox 100 units on February 22, 2014 provided ongoing benefit for six weeks. Treatment Plan identifies Botulinum Toxin 300 units to treat the patient's cervical post-traumatic dystonia, medications were refilled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botulinum Toxin 300 Units Cervical, Sub occipital, Forehead & Temporal Regions:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations page 127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25-26 of 127.

**Decision rationale:** Regarding the request for botulinum toxin, Chronic Pain Treatment Guidelines state that botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Guidelines go on to state specifically that botulinum is, "not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; and trigger point injections." Within the documentation available for review, there is a documentation of cervical dystonia. In addition, the treating physician notes that previous Botox provided relief for 6 weeks. As such, the currently requested botulinum toxin is medically necessary.

**Flomax 0.4 MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/flomax.html>

**Decision rationale:** Regarding the request for Flomax, California MTUS and ODG do not address the issue. The FDA states Flomax is indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH). Within the information made available for review, there is documentation of urologic dysfunction. However, there is no identification of signs and symptoms of benign prostatic hyperplasia (BPH). In the absence of such information, the currently requested Flomax is not medically necessary.

**FexMid 7.5 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for cyclobenzaprine (Fexmid), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Fexmid) is not medically necessary.