MAXIMUS Federal Services

Case Number:	CM14-0025533		
Date Assigned:	06/13/2014	Date of Injury:	09/22/2007
Decision Date:	09/09/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/28/2014

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 licensed in Dentistry 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:

Provided records reviewed reveal that this is a 56 year old female, involved in an industrial injury when she slipped and fell forwards. She landed flat on her face, knocking out her four front upper teeth on 09/22/2007. Per Dr [redacted] MD report dated 12/18/2013, reviewed report of AME Dr [redacted] Dental and TMJ evaluation on 09/16/10 , patient is diagnosed with 1)Traumatic injury to teeth, 2) Myofascial pain, 3)Parafunctional activities such as clenching bruxism, 4) Internal derangement of TMJ. AME recommends Intraoral appliance and future adjustments or even after 3-5 years appliance may need to be replaced. Per Dr [redacted] MD report dated 12/18/2013, reviewed report of AME Dr [redacted] Dental and TMJ evaluation on 10/11/2012 notes that current medications are Lyrica, Cymbalta, Valium, Flexeril, Norco, Prilosec, aspirin, and medications for diarrhea. Her complaints include grinding her teeth, migraine, and stress, hip pain where they took bone for her neck, pain in her left shoulder, and lower back pain. She states that after having a plate placed in- her neck, she has a hard time swallowing, and she was told that it might stay like that for the rest of her life. Diagnosis: Myofascial pain. Capsulitis; inflammation. Parafunctional activities. She is not permanent and stationary. Treatment needed.Per UR report, AME Dental and TMJ evaluation on 10/11/2012 notes that this patient complains of grinding the teeth, migraine, and stress. The patient needs to have crowns done on the implants. lower left area. There is slight occlusal wear on mandibular anterior teeth #24 and 25. There is no evidence of xerostomia. Patient has moderate tenderness of the right TMJ muscle. AME notes that patient needs a night guard, which covers all the teeth either for upper or lower arch and recommends physical therapy, and possible trigger point injections with tooth #19 to be restored on an industrial basis. AME Dental and TMJ evaluation on 01/02/2014 notes that this patient has no caries on any of her teeth on industrial basis. Since the patient was having some of her teeth restored on industrial basis the patient's prophylaxis

(dental cleaning) should be covered under industrial basis.Treating dentist Dr [redacted] in his request dated 1/21/14 states: "It is my opinion that with reasonable-medical probability, this patient's parafunctional activities (bruxism clenching) were aggravated, accelerated, and "lit-up", on an industrially related basis, and that these parafunctional activities and the damage/pathology that resulted, were secondary and derivative to the industrial orthopedic pain syndrome and her initial industrial orthopedic injuries. - It is my opinion and with reasonable-medical probability, that the above referenced diagnoses listed in the Diagnostic Impressions Section are AOE/COE, 100% industrial accident related in causation and should have been treated on an industrial injury basis. It is also my opinion that the patient's TMJ/TMD condition as well as his xerostomic status should be managed on an industrial injury basis. Dr [redacted] further recommends Botox injections for TMJ trigger points and states in his request dated 1/21/14: "The approved dose for Chronic TMJ/Migraine patients is 155 Units at 31 injection sites divided across 7 specific head/neck muscle areas. The recommended re-treatmentschedule is every 12 weeks. Because of the muscle-paralyzing properties of Botox, it is thought by some that it can be used for certain types of TMJ disorders (those that are more muscular in nature). By causing the affected muscles to relax, Botox can help relieve the clenching and stress put on the mandible by these muscles, bringing about relief. Now, as I've mentioned- above, Botox is temporary, so if one was going to look into Botox as a TMJ/TMD treatment, they must be prepared for a return visit, perhaps on a permanent basis. Botox can be a viable treatment component for TMJ/TMD."

IMR ISSUES, DECISIONS AND RATIONALES

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

BOTOX INJECTIONS (UNITS DIVIDED IN 31 SITES): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) 8 C.C.R. 9792.20 - 9792.26MTUS (Effective July 18, 2009) Page 25 of 127 :Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. 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 (BTXA) 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. (Blumenfeld, 2008) 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. (Saper, 2007)Botulinum neurotoxin is probably ineffective in episodic migraine and chronic tension-type headache (Level B). (Naumann, 2008)- Myofascial analgesic pain relief as compared to saline. (Qerama, 2006)- Use as a specific treatment for myofascial cervical pain as compared to saline. (Ojala, 2006) (Ferrante, 2005) (Wheeler, 1998)- Injection in myofascial trigger points as compared to dry needling or local anesthetic injections. (Kamanli, 2005) (Graboski, 2005).Recent systematic reviews have stated that current evidence does not

support the use of BTX-A trigger point injections for myofascial pain. (Ho, 2006) Or for mechanical neck disease (as compared to saline). (Peloso-Cochrane, 2006) Page(s): 25 of 127.

Decision rationale: MTUS guidelines does not recommend Botox injections for chronic pain disorders except for cervical dystonia, which this patient does not have. Therefore, this request for Botox injections (units divided in 31 sites) is not medically necessary for this patient.