

<b>Case Number:</b>	CM14-0213509		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	06/12/2003
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 12, 2003. In a Utilization Review Report dated November 20, 2014, the claims administrator denied a request for a Botox injection. The claims administrator referenced progress notes of October 20, 2014 and October 30, 2014 in its determination. The applicant's attorney subsequently appealed. In a December 4, 2014 appeal letter, the attending provider appealed request for previously denied Botox injection. The attending provider stated that the applicant had ongoing issues of low back pain with associated radicular pain complaints. The attending provider stated that the applicant was status post knee surgery. The attending provider also noted that the applicant was status post shoulder surgery. The attending provider stated that the applicant had failed various conservative treatments over the course of the claim, including physical therapy, massage therapy, acupuncture, etc., through 2003. The attending provider stated that the applicant had not been prescribed Botox injections. In a November 19, 2014 progress note, the applicant reported persistent complaints of low back pain, neck pain, shoulder pain, and knee pain. The applicant was using Duragesic, Norco, Reglan, Elavil, Synthroid, Prilosec, Zomig, Xanax, Effexor, and Zanaflex. The applicant had developed issues with depression, it was stated. The attending provider again stated that he was seeking Botox injections to potentially ameliorate the applicant's low back pain complaints. An extremely proscriptive 5-pound lifting limitation was renewed. It was not clearly stated whether the applicant was or was not working with ongoing pain complaints. The applicant was not working with said limitations. The

applicant did report ancillary complaints of hand and wrist pain, bilateral knee pain, and neck pain. The applicant was given refills of Duragesic, Norco, Reglan, Xanax, and Effexor. The applicant reportedly had an adequate supply of Zomig. The applicant was asked to consult a psychiatrist. On October 30, 2014, the attending provider acknowledged that the applicant had developed issues with fibromyalgia generating bilateral upper and bilateral lower extremity pain. Botox injections were sought at five different levels in the lumbar spine region. Eight additional sessions of physical therapy and a rather proscriptive 5-pound lifting limitation were endorsed.

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

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

#### **1 Botox Injection, 300 Units: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Low Back-Lumbar & Thoracic (Acute & Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 26.

**Decision rationale:** 1. No, the request for one Botox injection is not medically necessary, medically appropriate, or indicated here. As noted on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are deemed "not recommended" for a diagnosis of fibromyositis and/or myofascial pain syndrome, as appeared to be present here. The multifocal nature of the applicant's pain complaints, which encompassed the bilateral upper extremities, bilateral lower extremities, bilateral knees, bilateral shoulders, low back, neck, bilateral hands, bilateral wrist does, as acknowledged by the attending provider in his October 30, 2014 progress note, does suggest that unifying diagnosis of fibromyalgia, a diagnosis for which Botox injections are not recommended, per page 26 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.