

<b>Case Number:</b>	CM15-0012059		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 22 year old man sustained an industrial, injury on 8/9/2011. The mechanism of injury is not detailed. Current diagnoses include chronic pain syndrome, headaches, and status post blunt trauma injury. Treatment has included oral medications acupuncture, and previous botox injections. Physician notes dated 12/2/2014 shows a request for authorization for botox injections into the scalp and cervical paraspinal muscles. Documentation states that since he has had two previous botox injection sessions, he has been able to decrease his medication usage as well as his complaints of nausea. On 12/26/2014, Utilization Review evaluated a prescription for botox injections into the scalp and cervical paraspinal muscles, that was submitted on 1/13/2015. The UR physician noted that the worker seemed to have functional improvement documented after a previous injection with botox. However, with the medications that the worker is taking, it is unclear if the functional improvement is attributable to the botox. Further, the worker does not have a diagnosis that botox therapy supports. The MTUS, ACOEM Guidelines (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox injections (155 units) into scalp and cervical paraspinal muscles: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox; Myobloc) Page(s): 26.

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

**Decision rationale:** According to MTUS guidelines, Botulinum toxin is not < Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. See more details below. 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)>. In summary and according to MTUS guidelines, Botulinum toxin is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. It is not recommended for migraine headache, tension headache, chronic neck pain, trigger point injection, thoracic pain and myofascial pain. There is no controlled studies supporting the use Botox for this patient condition. In addition, the patient has had 2 previous botox injections with reported improvement; however, the patient was, and still taking medications for his pain and it is not clear if the reported improvement is associated to the injections or the medications. Therefore, the request for Botox injection, #155 units into scalp and cervical paraspinal muscles is not medically necessary.