

Case Number:	CM15-0117100		
Date Assigned:	06/25/2015	Date of Injury:	11/25/2014
Decision Date:	07/31/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/18/2015

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: Dentist

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 25-year-old male who sustained an industrial injury on 11/25/2014 resulting in jaw pain. The injured worker was diagnosed with non-displaced fracture of the right body of the mandible. Treatment has included closed reduction and maxillomandibular fixation, and pain medication, which the injured worker reports as providing some pain relief. The injured worker continues to report jaw pain and misalignment of teeth. The treating physician's plan of care includes jaw Botox treatments. The last note reference to work status was physician's report 3/11/15 stating temporary disability and out of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox treatments for jaw pain: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Practice Guidelines for Oral and Maxillofacial Surgery.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25.

Decision rationale: 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) Records reviewed indicate that this patient is a 25-year-old male who was injured in an accident at work on 11/25/14. His facial injuries that are documented are a non-displaced fracture of the right body of the mandible. This was treated on 12/02/14 with a closed reduction. He also has been diagnosed with post jaw fracture with poor occlusion, cervical strain, status post cervical fracture and lumbosacral strain. Records from [REDACTED] states that the fracture is well healed, however patient complaining of continued jaw pain and malocclusion. Requesting dentist is recommending Botox treatments for jaw pain. MTUS guidelines do not recommend Botox injections for chronic pain disorders except for cervical dystonia, which this patient does not have. Therefore, this reviewer finds this request of Botox trigger point injections not medically necessary for this patient.