

<b>Case Number:</b>	CM15-0069354		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	11/16/2010
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 59 year old female, who sustained an industrial injury on November 16, 2010. The injured worker reported head, neck and back pain due to a fall. The injured worker was diagnosed as having cervicgia, cervical and lumbar sprain/strain, radiculopathy, headache and temporomandibular joint syndrome (TMJ). Treatment and diagnostic studies to date have included physical therapy, oral medication magnetic resonance imaging (MRI) and topical medication. An oral maxillofacial exam note dated November 4, 2014 provides the injured worker complains of headaches, facial, neck, shoulder and back pain, with dizziness and tooth pain. Physical exam notes decreased jaw movement with tenderness and clicking. The plan includes physical therapy, exercise and Botox injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Botox Chemodenervation Muscle 100 Units times 3 visits:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://www.nidcr.nih.gov/oralhealth/topics/TMJ/TMJDisorders.htm>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botox Page(s): 26. Decision based on Non-MTUS Citation 1. JRSM Short Rep. 2013 Feb;4(2):10. doi: 10.1177/2042533312472115. Epub 2013 Feb 12. An evidence-based review of botulinum toxin (Botox) applications in non-cosmetic head and neck conditions. Persaud R1, Garas G, Silva S, Stamatoglou C, Chatrath P, Patel K.2. Int J Oral Maxillofac Surg. 2013 Jun;42(6):759-64. doi: 10.1016/j.ijom.2013.02.009. Epub 2013 Mar 26. Botulinum toxin injection for management of temporomandibular joint clicking. Emara AS1, Faramawey MI, Hassaan MA, Hakam MM.

**Decision rationale:** According to the guidelines, Botox is not recommended in chronic pain disorders. It is indicated for cervical dystonia and chronic low back pain. It is not recommended for tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. However, according to recent evidence based literature: The findings suggest that there is level 1 evidence supporting the efficacy of Botox in the treatment of spasmodic dysphonia, essential voice tremor, headache, cervical dystonia, masticatory myalgia, sialorrhoea, temporomandibular joint disorders, bruxism, blepharospasm, hemifacial spasm and rhinitis. In this case, the claimant had facial pain and TMJ. The request for a Botox injection is supported by clinical evidence in the medical literature and it is appropriate and medically necessary.