

Case Number:	CM14-0148967		
Date Assigned:	09/18/2014	Date of Injury:	02/01/2007
Decision Date:	10/22/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/12/2014

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 Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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:

The injured worker is a 57-year-old female who reported an injury on 02/01/2007. The mechanism of injury was repetitive use. The injured worker underwent a carpometacarpal trapeziectomy and arthroplasty with ligament reconstruction and tendon interposition and a carpal tunnel release in 05/2008. The injured worker had a subsequent surgery to remove retained fragments. The diagnostic studies included x-rays. The documentation of 07/15/2014 revealed the injured worker had neuropathic pain in her right hand and wrist, particularly in the radial distribution. The injured worker had pain over the ventral aspect of her hand more consistent with the median nerve, specifically the palmar branch distribution. The medications included gabapentin 1200 mg 3 times a day, desipramine 150 mg, and MS Contin 15 mg twice a day as needed. Other therapies included physical therapy, which it was noted the injured worker had not participated in for more than a year. The injured worker had multiple injections including a stellate ganglion block which resulted in short term relief. The injured worker had a right volar wrist scar injection with Botox which resulted in improvement of pain over the scar area. The injured worker tried a right palmar branch of the median nerve area intervention. The injured worker had a pulsed radiofrequency ablation on 10/08/2012 which was helpful for 2 months. The injured worker received a right superficial radial nerve intervention which resulted in significant pain relief. The diagnoses included right hand CRPS (complex regional pain syndrome), superficial radial nerve neuropathy, right, left sided wrist and thumb pain secondary to overuse and right sided scar neuroma over both medial wrist and dorsal thumb surface. The treatment plan and discussion included as the injured worker had persistent pain over her thumb despite nerve blocks the request was made for Botox injection. There was a request for authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Arm Botox Injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox, Myobloc).

Decision rationale: The California MTUS Guidelines indicate that Botox is not generally recommended for chronic pain disorders. It is recommended for cervical dystonia and chronic low back pain. The clinical documentation submitted for review indicated the injured worker had a prior injection. However, there was a lack of documentation of objective functional benefit, and an objective decrease in pain. Additionally, the request per the physician documentation was for an injection into the thumb. There was a lack of documentation indicating a necessity for an Arm Botox injection. The request as submitted failed to indicate the quantity of units to be utilized. Given the above and the lack of clarity as well as the lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations, the request for Arm Botox injection is not medically necessary.