

Origination Date: 6/03	Revision Date(s): 6/04, 7/05, 6/06, 6/07, 7/08
Developed By: Medical Criteria Committee	

Csaba Mera M.D.

Approved: Csaba Mera, MD Date: 7/1/08

Description:

Sweating is necessary to control body temperature during times of exercise and heat exposure. Hyperhidrosis, excessive sweating, is a medical condition defined as sweating greater than would be expected considering the temperature of the environment. This usually occurs on the palms, soles of the feet, armpits, face, inframammary regions, or groin but can occur on any part of the body.

Hyperhidrosis is classified as primary or secondary, depending on its cause or origin. Primary hyperhidrosis is caused by an overactive sympathetic nervous system and is a more frequent condition than secondary hyperhidrosis. Localized commonly in the hands, armpits, scalp, face, and/or feet, it starts during childhood or early adolescence, worsens during puberty, and then persists for the rest of one's life. Nervousness and psychiatric disorders are rarely the cause. The excessive sweating is very embarrassing and social, professional, and intimate relationships are often seriously affected. Secondary hyperhidrosis is caused by an underlying condition, such as Parkinson's disease, hyperthyroidism, diabetes mellitus, hyperpituitarism, pyrexia, hypoglycemia or menopause. Secondary hyperhidrosis usually causes excess sweating of the entire body. Treatment of the underlying medical condition is the management of secondary hyperhidrosis.

Criteria:

- I. ODS will cover medical treatment of intractable, disabling primary hyperhidrosis with Botox (botulinum toxin type A) or iontophoresis when **ALL** of the following criteria are met:
 - A. Topical aluminum chloride or other extra-strength antiperspirants are ineffective or result in a severe rash; and
 - B. Member is unresponsive or unable to tolerate at least one of the following pharmacotherapies prescribed for excessive sweating (i.e. anti-cholinergics, beta-blockers or benzodiazepines); and
 - C. Excessive sweating is causing significant disruption of professional and/or social life.

- II. ODS will cover the following surgical treatments for hyperhidrosis for members who meet the above listed criteria **AND** have failed to adequately respond to treatment with Botox and iontophoresis:
 - A. Thoracic sympathectomy (open, endoscopic, video-assisted, chemical)
 - B. Lumbar sympathectomy
 - C. Excision of axillary sweat glands

- III. ODS considers the following treatments for hyperhidrosis experimental and investigational as they have not been proven to be effective for this condition:
 - A. Psychotherapy
 - B. Hypnosis
 - C. Alternative therapy (e.g. homeopathy, massage, acupuncture and phytotherapeutic drugs)
 - D. Axillary liposuction
 - E. Biofeedback

Information to be Submitted with Pre-Authorization Request:

- Physician medical records documenting current condition and therapies tried.

Origination Date: 6/03	Revision Date(s): 6/04, 7/05, 6/06, 6/07, 7/08
Developed By: Medical Criteria Committee	

References:

- Taber's Cyclopedic Medical Dictionary
- The Merck Manual, 17th Edition.
- Wollina U, Karamfilov T, Konrad H. High-dose botulinum toxin type A therapy for axillary hyperhidrosis markedly prolongs the relapse-free interval, Journal of the American Academy of Dermatology. 2002; 46(4).
- Saadia D, Voustianiouk A, Wang AK, Kaufman H. Botulinum toxin type A in primary palmar hyperhidrosis: randomized, single-blind, two dose study, Neurology. 2001;57(11): 2095-9.
- Lin TS, Kuo SJ, Chou MC. Uniportal endoscopic thoracic sympathectomy for treatment of palmar and axillary hyperhidrosis: analysis of 2000 cases, Neurosurgery. 2002; 51(5 Suppl):84-7.
- Lee KS, Chuang CL, Lin CL, et al. Percutaneous CT-guided chemical thoracic sympathectomy for patients with palmar hyperhidrosis after transthoracic endoscopic sympathectomy. Surg Neurol. Dec 2004; 62(6):501-5.
- Kavanagh GM, Oh C, Shams K. Botox delivery by iontophoresis. Br J Dermatology. Nov 2004; 151(5):1093-5.
- Eisenach JH, Atkinson JL, Fealey RD. Hyperhidrosis: evolving therapies for a well-established phenomenon. Mayo Clinic Proc. May 2005; 80(5):657-66.
- American Academy of Dermatology (AAD). Effective treatments mean excessive sweating patients no longer swimming in anxiety. February 9, 2004. Accessed June 2007. Available at URL address: <http://www.aad.org/public/News/NewsReleases/Press+Release+Archives/Skin+Conditions/Hyperhidrosis.htm>.
- Johnson JP, Obasi C, Hahn M, et al. Endoscopic thoracic sympathectomy. Neurosurg Focus 6(5):Article 2, 1999. Available at URL address: <http://www.aans.org/education/journal/neurosurgical/may99/6-5-2.asp?ShowMenu=false&ShowPrint=false>.
- Center for Hyperhidrosis. The Details of ETS surgery. Accessed June 8, 2007. Available at URL address: <http://www.sweaty-palms.com/detailsofsurgery.html>.
- Physician Advisors