

Case Number:	CM14-0187062		
Date Assigned:	11/17/2014	Date of Injury:	08/27/1999
Decision Date:	01/05/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/10/2014

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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] insured who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 27, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder surgery; earlier lumbar fusion surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated November 3, 2014, the claims administrator approved a request for Norco while denying a separate request for Norco, a Botox injection, and Soma. The claims administrator stated that its decisions were based on an October 15, 2014 RFA form. In an earlier progress note dated December 4, 2013, the applicant reported ongoing complaints of low back pain. The applicant's medication list included Norco, Relafen, Neurontin, Zoloft, Flexeril, and Colace. It was stated that the applicant had undergone multiple prior lumbar spine surgeries and left and right shoulder surgeries. Multiple medications were refilled. The applicant was asked to employ Zanaflex in lieu of Flexeril. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place. In a January 29, 2014 office visit, the applicant reported pain as high as 7/10, sometimes reduced to 3/10 with medications. Overall pain was scored a 5/10 overall. The applicant was reportedly taking care of a property and living with his father. It was stated that the applicant was not exercising on a regular basis and that the applicant would be bedbound without his medications. It was stated that Norco was ameliorating the applicant's ability to perform activities of self-care and personal hygiene. Norco, Relafen, Neurontin, and Colace were all dispensed in the clinic setting. On May 21, 2014, the attending provider stated that ongoing medication consumption was allowing the applicant to perform exercises and go to the gym. The applicant was paying for Soma out of pocket, it was incidentally noted. The applicant's medication list included Norco, Relafen,

Neurontin, Zoloft, Soma, and Colace. The applicant did not appear to be working with unchanged limitations in place. On July 16, 2015, the applicant stated that his pain complaints were scored a 4/10 on average. The applicant was given refills of Norco, Relafen, Neurontin, Zoloft, Soma, and Colace. It was stated that the applicant would not be functional without his medications and would be unable to perform some activities such as painting around the house. On August 11, 2014, it was stated that the applicant has longstanding issues with low back pain and depression and that Zoloft was being employed for depression purposes. On October 15, 2014, the applicant reported ongoing complaints of low back pain, 7/10 without medications to 4/10 with Norco. The attending provider posited that medications were allowing him to perform activities of self-care, personal hygiene, and home exercise at a gym. The attending provider stated that Soma was ameliorating his overall sitting tolerance. Work restrictions and medications were renewed. Botox injections were sought along with additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection 400 units to lumbar spine, quantity 1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment in Workers Compensation (TWC), Low Back - Lumbar & Thoracic (Acute & Chronic), updated 10/28/14

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin topic Page(s): 26.

Decision rationale: As noted on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are recommended in applicants with chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. Here, the request in question represents a first-time request for Botox injections. The attending provider has stated that he intends to employ the Botox injections in conjunction with a home exercise program and a few sessions of physical therapy. This is, thus, seemingly an appropriate context in which to employ Botox injections, per page 26 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is medically necessary.

Norco 10/325mg #150 (do not dispense until 11/15/14): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful

return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, while the applicant had seemingly failed to return to work, the attending provider has posited that the applicant's ability to perform home exercises, household chores, activities of self-care and personal hygiene, attend a gym, and perform general maintenance around his home and run a property have all been ameliorated as a result of ongoing Norco usage. Continuing the same, on balance, is indicated here. Therefore, the request is medically necessary.

Soma 350mg #90, with 3 refills (quantity 360): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, generic available) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic, Carisoprodol section Page(s): 29, 65.

Decision rationale: As noted on page 65 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for longer than a two- to three-week period. Here, the 360-tablet supply of Soma implies treatment well in excess of the MTUS parameters. Page 29 of the MTUS Chronic Pain Medical Treatment Guidelines argues against usage of Soma (carisoprodol) in conjunction with opioid agents. Here, the applicant is, in fact, concurrently employing Norco, an opioid agent. Ongoing usage of carisoprodol (Soma) is not, thus, indicated in the clinical context present here. Therefore, the request is not medically necessary.