

<b>Case Number:</b>	CM14-0201761		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	04/02/2012
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Emergency 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 injured worker is a female, who sustained an injury on April 2, 2012. The mechanism of injury occurred when she slipped on ice. Diagnostics have included: April 30, 2012 lumbar MRI reported as showing facet arthropathy at L4-5. Treatments have included: medications, physical therapy, and acupuncture. The current diagnoses are: lumbago, facet arthropathy. The stated purpose of the request for Pharmacy purchase of Botox 300 units was not noted. The request for Pharmacy purchase of Botox 300 units was denied on November 25, 2014, citing a lack of documentation of cervical dystonia. The stated purpose of the request for Retrospective Norco 5/325mg #90 was to for pain. The request for Retrospective Norco 5/325mg #90 was denied on November 25, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Retrospective Prilosec 20mg #30 date of service 11/05/14 was to provide GI protection. The request for Retrospective Prilosec 20mg #30 date of service 11/05/14 was denied on November 25, 2014. The stated purpose of the request for Elavil 10mg #60 with 1 refill was not noted. The request for Elavil 10mg #60 with 1 refill was denied on November 25, 2014, citing a lack of documentation of medical necessity. Per the report dated November 5, 2014, the treating physician noted GI distress symptoms from medications. Exam showed lumbar tenderness with limited lumbar range of motion and negative straight leg raising tests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Botox 300 units:** 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) Page(s): 25 and 26.

**Decision rationale:** The requested Pharmacy purchase of Botox 300 units is not medically necessary. MTUS 2009 - Chronic Pain Treatment Guidelines 7/18/2009 page number: 25 and 26 treatment: Botulinum toxin (Botox; Myobloc) recommend this treatment for cervical dystonia. The injured worker has GI distress symptoms from medications. The treating physician has documented lumbar tenderness with limited lumbar range of motion and negative straight leg raising tests. The treating physician has not documented the presence of cervical dystonia. The criteria noted above not having been met, Pharmacy purchase of Botox 300 units is not medically necessary.

**Retrospective Norco 5/325mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain Page(s): 78-80 and 80-82.

**Decision rationale:** CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has GI distress symptoms from medications. The treating physician has documented lumbar tenderness with limited lumbar range of motion and negative straight leg raising tests. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Retrospective Norco 5/325mg #90 is not medically necessary.

**Retrospective Prilosec 20mg #30 date of service 11/05/14:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68 and 69.

**Decision rationale:** The requested Retrospective Prilosec 20mg #30 date of service 11/05/14, is medically necessary. California's Division of Worker's Compensation "Medical Treatment

Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has GI distress symptoms from medications. The treating physician has documented lumbar tenderness with limited lumbar range of motion and negative straight leg raising tests. The treating physician has documented medication-induced GI distress symptoms and symptomatic relief from its use. The criteria noted above having been met, Retrospective Prilosec 20mg #30 date of service 11/05/14 is medically necessary.

**Elavil 10mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain Page(s): 13-15.

**Decision rationale:** The requested Elavil 10mg #60 with 1 refill is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Antidepressants for Chronic Pain, Pages 13-15, recommend tricyclic antidepressants as a first- line agent for the treatment of chronic pain, neuropathic pain and depression, "unless they are ineffective, poorly tolerated, or contraindicated." The injured worker has GI distress symptoms from medications. The treating physician has documented lumbar tenderness with limited lumbar range of motion and negative straight leg raising tests. The treating physician has not documented duration of treatment, or objective evidence of derived functional improvement from its use. The criteria noted above not having been met, Elavil 10mg #60 with 1 refill is not medically necessary.