

Case Number:	CM14-0201782		
Date Assigned:	12/12/2014	Date of Injury:	11/02/2000
Decision Date:	01/30/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	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 Occupational Medicine, has a subspecialty in ENTER SUBSPECIALTY and is licensed to practice in New York. 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 patient is a 56-year-old woman, claiming injury 11/2/2000, when she tripped and fell while carrying a box. She is s/p fusion L4 through S1. Current MRI (2/11/11) shows L3-4 disc protrusion and ligamentum flavum hypertrophy causing moderate spinal stenosis. She has persistent low back pain with intermittent radiating symptoms down the right lower extremity, which improved with epidural steroid injection. She is prescribed Norco, Tramadol ER, tizanidine, Relafen, Prilosec, Colace, Cymbalta and temazepam for medical treatment. On 3/12/14 and 5/20/14, her primary treating physician notes that her medications bring her pain level from 8/10 to 4/10 and decrease overall pain and spasms, an increase range of motion. They allow her to work full time and exercise on a regular and consistent basis; she walks and does water therapy. She can carry out ADL (IADL) such as cooking, cleaning, laundering and self-hygiene independently. She is neurologically in tact on this examination, with negative leg lift, normal ambulation. She has tenderness in the right lumbar paraspinal muscles. He notes that she has myofascial pain in her lumbar spine, for which he is treating her with tizanidine. Acupuncture requested 9/11/14 for 6 sessions when she had the return of symptoms down the leg was approved 10/2/14. As of 11/7/14, she hadn't started acupuncture, but Botox was requested, and physical therapy to go along with the Botox to "re-educate" the muscles. The treating physician is appealing the 11/25/14 denial of Prilosec (prescribed 20 mg QD), physical therapy 8 sessions, and Botox 100 units.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 100 Units to Be Injected for Paraspinal Muscles of The Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox , Myobloc) Page(s): 25-26.

Decision rationale: Per the CA MTUS Chronic Pain Treatment Guidelines, Botox is not recommended for myofascial pain syndrome, fibromyositis, and trigger point injections. It is recommended for chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. The record indicates that this patient has myofascial pain in the lumbar paravertebral musculature. Botox is not indicated to treat this condition. This request is not medically necessary.

8 Physical Therapy Sessions Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox , Myobloc) Page(s): 25-26.

Decision rationale: The MTUS guideline for chronic pain gives guidance on the use of Botox . A functional restoration program is recommended. This has not been requested, nor is the Botox indicated for her myofascial complaints. Physical therapy is not medically necessary.

Prilosec 20 MG Qty 60: Upheld

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.

Decision rationale: The Chronic Pain Treatment Guidelines of the CA MTUS state that the clinician needs to determine risk for gastrointestinal events. This includes age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids and/or an anticoagulant or; high dose/multiple NSAID. If a patient has intermediate or high risk for GI events without cardiovascular disease, a PPI is indicated with a non-selective NSAID (such as Relafen) or cox-2 selective agent, respectively. This request had been partially certified, approving once/day dosing of the Prilosec. Actually, there is no clear intermediate or high risk condition is identified in the records reviewed (taking an NSAID is not one), and the medication is not medically necessary.