MAXIMUS Federal Services

Case Number:	CM14-0202198		
Date Assigned:	12/12/2014	Date of Injury:	10/20/2011
Decision Date:	01/29/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/03/2014

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 Internal 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 (IW) is a 48-year-old man with a date of injury of October 20, 2011. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are persistent bilateral low back pain; and negative right L3, L4 and L5 dorsal medial branch block.Pursuant to the progress note dated November 4, 2014, the IW complains of persistent low back pain. The worker reports pain medications provide adequate relief. He is not currently working. He does a significant amount of walking and stretches for daily exercises. Objectively, the IW continues with tenderness to palpation in the paraspinal muscles of the lumbar spine greater on the right. He has decreased range of motion about 30 degrees flexion and 10 degrees extension of lumbar spine with increased pain at end ranges greater with extension. Current medications include Butrans patch 20mcg, Tramadol ER 150mg, Motrin 800mg, Wellbutrin XL 150mg, and Prozac 20mg. The provider reports that the IW takes his medications as prescribed with no side effects. There are no aberrant behaviors. He only gets his medications from the primary treating physician. He has not requested early refills. He has a signed pain contract on file. The provider reports that medications will stay the same. Refills were provided. The current request is for Botox injections 400 units, and urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Botox, 400 units: 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), Web Edition

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Section, Botox

Decision rationale: Pursuant to the Official Disability Guidelines, pharmacy purchase of Botox 400 units (to the lower back) is not medically necessary. Botox is under study for chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. Considering its high cost and the small differences compared with control treatments, its use should be reserved for patients with pain refractory to other treatment. In this case, the injured worker is 48 years old with a date of injury October 20, 2011. The injured worker's working diagnosis is persistent bilateral low back pain. A progress note dated November 4, 2014 indicates the treating physician would like to try and see if Botox injections with help decreases pain and allow him to take less pain medication. Botox is under study for chronic low back pain. The documentation does not contain any evidence the injured worker is engaged any functional restoration program nor is there documentation the injured worker's pain is refractory to other treatments. Consequently, absent the appropriate clinical indications and involvement in a functional restoration program, pharmacy purchase of Botox 400 units (to the lower back) is not medically necessary.

Urine drug screen, provided on November 3, 2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Urine Drug Screen

Decision rationale: Pursuant to the Official Disability Guidelines, urine drug screen provided on November 3, 2014 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker/patient is a low risk, intermediate risk or high risk for drug misuse or abuse. In this case, the injured worker is 48 years old with a date of injury October 20, 2011. The injured worker's working diagnosis is persistent bilateral low back pain. A progress note dated November 4, 2014 contains documentation the injured worker only gets his medications from the treating physician, has not requested early refills, and has a pain contract signed on file. There was no indication of any drug seeking behavior or drug misuse or abuse. There is no clinical rationale medical record ordering a urine drug screen. There is no risk assessment in the medical record indicating at what frequency urine drug testing should be performed nor were there other urine drug screen results

in the medical record. Consequently, absent the appropriate clinical indication, clinical rationale, risk assessment and prior urine drug screens, urine drug screen provided on November 3, 2014 is not medically necessary.