

Case Number:	CM15-0009882		
Date Assigned:	01/27/2015	Date of Injury:	01/05/2012
Decision Date:	03/20/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/16/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 38 year old male who sustained an industrial injury on 1/5/12. The injured worker reported symptoms in the back. The diagnoses included post-laminectomy syndrome, status post anterior posterior lumbar fusion on 1/7/13, status-post right L4-L5, and L5-S1 lateral decompression on 12/3/12, status-post lumbar fusion January 2014. Treatments to date have included oral pain medication, Duragesic patches, and physical therapy. PR2 dated 11/20/14 noted the injured worker presents with "persistent low back pain" the treating physician is requesting Percocet 10/325mg #240 and Botox 400 units x 1 to paraspinal of lumbar region. On 12/17/14, Utilization Review non-certified a request for Percocet 10/325mg #240 and Botox 400 units x 1 to paraspinal of lumbar region. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 74-96..

Decision rationale: The MTUS recommends specific documentation guidelines for on-going treatment with Opioids and recommends discontinuing if there is no overall improvement in function unless there are extenuating circumstances. Opioids should be continued if the patient has returned to work and if the patient has improved functioning and pain. Long term users should be reassessed following specific criteria as listed in the MTUS, and hyperalgesia should always be considered whenever there is a change in pain pattern or persistence in pain at higher levels than expected, in which situation weaning is recommended as opposed to escalating the dose. A review of the injured workers medical records show that he is having persistent pain despite high doses of opioids and does not appear to be having a satisfactory response to opioids, therefore based on his clinical presentation and the guidelines the request for Percocet 10/325mg #240 is not medically necessary.

Botox 400 units x1 to paraspinal of lumbar and/or sacral vertebrae: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc) Page(s): 25-26.. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: Per the MTUS, Botulinum toxin is not generally recommended for chronic pain disorders, but may be recommended for chronic low back pain, if a favorable initial response predicts subsequent responsiveness, as an option in conjunction with a functional restoration program. Some additional new data suggests that it may be effective for low back pain. Per the ODG it is also not generally recommended. However if a favorable initial response predicts subsequent responsiveness, it may be 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 only for patients with pain refractory to other treatments. There are also potentially significant side effects including death. (De Andrs, 2010) Botulinum neurotoxin is considered for low back pain in this systematic review (Level C). (Naumann, 2008) Paravertebral administration of botulinum toxin A in patients with chronic low back pain may relieve pain and improve function. Initial data from small trials suggest that botulinum toxin is effective, alleviating back pain in selected patients. On the basis of these promising results, additional study in larger trials is warranted. If approved, the number of trial injections should be limited to one, followed by exercise. A number of studies have evaluated the effectiveness of botulinum toxin type A in the treatment of back and neck pain, and the manufacturer is planning on pursuing FDA approval of botulinum toxin for this indication, but there is currently insufficient scientific evidence of the effectiveness of botulinum toxin in the treatment of back pain. A review of the injured workers medical records that are available to me does show that his pain appears to be refractory to his current treatment regimen, however there is no evidence that all other first line treatments including antidepressants and anti-epileptic drugs have been tried

and failed, and therefore the request for Botox 400 units x1 to paraspinal of lumbar and/or sacral vertebrae is not medically necessary at this time.