

Case Number:	CM15-0101556		
Date Assigned:	06/04/2015	Date of Injury:	03/08/2000
Decision Date:	07/02/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, Florida, California

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 61-year-old female patient who sustained an industrial injury on 03/08/2000. A primary treating office visit dated 02/04/2015 reported the patient with subjective complaint of ongoing neck, back, and right shoulder pain. She is continuing to do well with the current medication regimen. She states the OxyContin and Percocet bring her pain down to a 5 in intensity from 10 out of 10. She is able to function and move better with the use of medications; allows her to perform activities of daily living. In addition, she uses Nexium Flexeril, Trazadone, Motrin and Zanaflex. She is diagnosed with the following diagnoses: chronic neck pain; chronic low back pain; right sided thoracic pain; bilateral shoulder pain; headaches; insomnia, depression/anxiety, and status post vehicle accident where she was rear-ended on 02/06/2014. The plan of care noted the patient prescribed OxyContin, dispensed Flexeril, trazadone, Motrin and Zanaflex. She is to remain active with home exercise program, consider recommendation for repeat Botox injection and follow up in one month. She is to return to modified work duty. On 12/12/2014, the patient was administered Botox injections into the low back. She was also authorized to attend additional acupuncture sessions. A follow up visit dated 05/01/2015 showed no change in current medication regimen, subjective complaint, or the treating diagnoses. There is mention of several inconsistent urine drug screens and further mention of weaning off narcotics. She is rather upset that narcotics were not given a 10 early refill and that she is not to take more than prescribed. There is recommendation to undergo another Botox injection. She is to follow up in one month.

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 the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back - lumbar and thoracic (acute and chronic): Botulinum toxin (Botox).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 25 of 127.

Decision rationale: This claimant was injured now 15 years ago. There is still ongoing neck, back and right shoulder pain. Since the injury, the claimant was in a non-related MVA in 2014. On 12-12, there was Botox to the low back. There however was no change in function or complaints from Botox, or the medicine regimen. Regarding Botox injections in general, the MTUS notes: Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections. Several recent studies have found no statistical support for the use of Botulinum toxin A (BTXA) for migraines, myofascial pain, cervical pain or trigger point injection. Moreover, the MTUS sets a high bar for effectiveness of continued or ongoing or repeat medical care in 9792.24.1. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to Sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. With this repeat Botox injection, there was no clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, or a reduction in the dependency on continued medical treatment. Therefore, MTUS criteria are not met for the repeat Botox injection. Thus the request is not medically necessary.

Oxycontin 80 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured now 15 years ago. There is still ongoing neck, back and right shoulder pain. Since the injury, she was in a non-related MVA in 2014. On 12-12, there was Botox to the low back. There was no change however in function or complaints from Botox, or the medicine regimen. There is no mention of the functional objective benefit achieved with opiate medicine treatment. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: Weaning should occur under direct ongoing medical supervision as a slow taper except

for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. When to Continue Opioids; (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not certified per MTUS guideline review. Therefore the request is not medically necessary.

UA drug screen: 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), criteria for the use of drug testing, pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 43 of 127.

Decision rationale: This claimant was injured now 15 years ago. There is still ongoing neck, back and right shoulder pain. Since the injury, she was in a non-related MVA in 2014. On 12-12, there was Botox to the low back. There was no change however in function or complaints from Botox, or the medicine regimen. There is no mention of drug issues. Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is appropriately non-certified under MTUS criteria. Therefore the request is not medically necessary.