MAXIMUS Federal Services

Case Number:	CM15-0131072		
Date Assigned:	07/15/2015	Date of Injury:	11/24/2011
Decision Date:	08/13/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/07/2015

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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 female, who sustained an industrial injury on 11/24/2011. The mechanism of injury is unknown. The injured worker was diagnosed as having left lumbar 5 radiculopathy due to disc herniation at lumbar 4-5. There is no record of a recent diagnostic study. Treatment to date has included acupuncture, physical therapy and medication management. In a progress note dated 4/21/2015, the injured worker complains of low back pain. Physical examination showed a mild antalgic gait. The treating physician is requesting Botox injection 400 units for the lumbar spine and Gralise 300 mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox injection 400 units for the lumbar spine: Upheld

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

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

Decision rationale: Regarding the request for Botox for the lumbar spine, the CA MTUS state that botox is not indicated for myofascial pain syndrome. The Official Disability Guidelines (ODG) Low Back Chapter, states the following regarding Botox: "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 only for patients with pain refractory to other treatments. There are also potentially significant side effects including death." Furthermore, the FDA has not approved botox for the indication of myofascial pain syndrome or LBP, and therefore this request not medically necessary.

Gralise 300mg quantity 30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gralise (Gabapentin Encarbil extended release).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AEDS Page(s): 16-21.

Decision rationale: Gralise is a long acting form of gabapentin and is dosed once daily. Regarding request for gabapentin, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is documentation of prior gastric bypass surgery. The mechanism of Gralise is that it expands significantly in the stomach following a meal. It has not been studied in-patient with gastric bypass, and there is no identification of failure of generic gabapentin, which does not result in significant capsule expansion within the stomach. Given this, the current request is not medically necessary.