

Case Number:	CM15-0145243		
Date Assigned:	08/06/2015	Date of Injury:	11/06/1998
Decision Date:	09/18/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This injured worker is a 53 year old male who reported an industrial injury on 11-6-1998. His diagnoses, and or impression, were noted to include: esophageal spasms since cervical spine surgery; depressive disorder; and anxiety. No current imaging studies were noted. His treatments were noted to include: surgeries; psychological evaluation and treatment; treatments for esophageal spasms; medication management. The progress notes of 6-29-2015 reported a re-evaluation of chronic, moderate pain that was relatively well controlled and improved by Percocet, which was also well tolerated; and continued pain from intense esophageal spasming that resulted in difficulty chewing any solid food whatsoever and a significant decrease in weight. Objective findings were noted to include: height of 6' 4" and weight of 158.6 pounds; stable vital signs; an inter-current depression and anxiety with a frail appearance and in mild distress; and a non-antalgic gait but with forward-flexion at the trunk and neck, and was slow to change stations. The physician's requests for treatments were noted to include esophageal Botox injections to get his esophageal spasming under better control and the continuation of Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Esophageal botox injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches, History and Physical Examination Page(s): 6.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox, Myobloc) Page(s): s 25-26. Decision based on Non-MTUS Citation <http://www.sciencedirect.com/science/article/pii/S0016510701700661>.

Decision rationale: The MTUS and ODG guidelines are silent on the use of botox injections for esophageal spasm. Per the MTUS guidelines with regard to botox: "Not generally recommended for chronic pain disorders, but recommended for cervical dystonia. Not recommended for the following: tension-type headache; migraine headache; fibromyositis; chronic neck pain; myofascial pain syndrome; & trigger point injections." Per Gastrointestinal Endoscopy (Volume 54, Issue 6, December 2001, Pages 754/759), it was concluded that botox injections at several levels of the tubular esophagus was an effective treatment for patients with symptoms caused by diffuse esophageal spasm. Therefore the request is medically necessary.

Percocet 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 78, 92.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's"; (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Review of the available medical records reveals no documentation to support the medical necessity of Percocet or any documentation addressing the "4 A's" domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. The most recent UDS dated 7/2015 was positive for THC, oxycodone and oxymorphone. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed. Furthermore, the injured worker has breached opiate contract using marijuana daily, as stated in the medical records. Therefore the request is not medically necessary.

