

Case Number:	CM15-0220701		
Date Assigned:	11/16/2015	Date of Injury:	03/09/2008
Decision Date:	12/23/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/10/2015

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, California

Certification(s)/Specialty: Family Practice

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 is a 51-year-old male with a date of industrial injury 3-9-2008. The medical records indicated the injured worker (IW) was treated for low back pain and bilateral shoulder pain. In the progress notes (9-24-15), the IW reported neck, shoulder and low back pain. Pain is reduced from 10 out of 10 only to 9 out of 10 since Oxycontin dosage was reduced from 30mg to 20mg. He requested adding Celebrex, which was beneficial in the past. Medications were Oxycontin (since at least 5-2015) and Nexium. He had decreased Oxycontin from 120mg to 50mg. On examination (9-24-15 notes), "there was no significant change." The 8-27-15 exam revealed tenderness in the low back extending to the bilateral sacroiliac joints. Lumbar flexion, extension and rotation were painful, but he had some relief with lumbar distraction on the exam table. Treatments included medications. The IW was 'permanent and stationary' and was not working. The notes on 5-21-15 stated the urine drug screen that day was consistent. No rationale was given for the Botox or physical therapy request. A Request for Authorization was received for Botox injection 500 units in total; physical therapy twice a week for four weeks; and Oxycontin 30mg #90, three times a day. The Utilization Review on 11-5-15 non-certified the request for Botox injection 500 units in total and physical therapy twice a week for four weeks; the request for Oxycontin 30mg #90, three times a day was modified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection 500 units in total: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Botulinum toxin (Botox Myobloc).

Decision rationale: According to the guidelines, Botox may be used for cervical dystonia. In this case, the claimant did not have dystonia. In addition, there notes did not substantiate the necessity for Botox. As a result, the request for Botox is not medically necessary.

Physical Therapy 2x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Physical Methods, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. There is no documentation to indicate that the sessions provided cannot be done independently by the claimant at home. The claimant's injury is chronic. The amount of therapy previously completed is unknown. Consequently, additional therapy sessions are not medically necessary.

OxyContin 30mg #90, three times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dosing, Weaning of Medications.

Decision rationale: According to the MTUS guidelines, Oxycontin is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-Term use has not been supported by any trials. In this case, the claimant had been on Oxycontin for a several months without significant improvement in pain or function. There was no mention of Tylenol, NSAID, or Tricyclic failure. Weaning was occurring over several months but the protocol for weaning its effectiveness was not justified. Continued use of Oxycontin is not medically necessary.