MAXIMUS Federal Services

Case Number:	CM15-0033789		
Date Assigned:	02/27/2015	Date of Injury:	04/21/2011
Decision Date:	04/09/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/23/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 52-year-old male reported a work-related injury on 04/21/2011. According to the progress notes from the treating provider dated 2/24/15, the injured worker (IW) reports ongoing low back and right hip pain. The IW was diagnosed with chronic right hip joint pain-status post right hip arthroscopy; chronic low back pain and mild osteoarthritis of the right hip. Previous treatments include medications, physical therapy, hip arthroscopy and home exercises. The treating provider requests Botox 400 units injected into the low back muscles, eight visits of physical therapy (PT), Ambien 10mg, one bottle and one urine drug screen. The Utilization Review on 02/13/2015 non-certified the request for Botox 400 units injected into the low back muscles, eight visits of physical therapy (PT), Ambien 10mg, one bottle and one urine drug screen. The references cited were ODG and CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 400 units injected into low back muscles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum injections. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc) Page(s): 25. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Botulinum toxin (Botox)

Decision rationale: Botox 400 units injected into low back muscles is not medically necessary per the MTUS Guidelines and the ODG. The MTUS states that Botulinum toxin (Botox; Myobloc) is not generally recommended for chronic pain disorders, but recommended for cervical dystonia. The ODG states that Botox injections are not generally recommended. If a favorable initial response predicts subsequent responsiveness, 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. The documentation does not indicate that the patient is refractory to other treatments. The request for Botox is not medically necessary.

Physical Therapy, 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Physical Therapy, 8 visits is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition and transition to an independent home exercise program. The documentation indicates that this therapy was for the low back after Botox injections. The Botox was deemed not medically necessary therefore the physical therapy is not medically necessary. The request for physical therapy 8 visits is not medically necessary.

Ambien 10 mg Qty 1 bottle: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Zolpidem (Ambien).

Decision rationale: Ambien 10 mg Qty 1 bottle is not medically necessary per the ODG. The MTUS does not address Ambien (Zolpidem). The ODG states that Zolpidem is a prescription short-acting nonbenzodiazepine hypnotic, which is recommended for short-term (7-10 days) treatment of insomnia. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. The documentation does not indicate a thorough evaluating of patient's sleep issues, which appear to be long term. The ODG does not recommend this medication long

term and the request is not clear on the quantity of pills that would be in one bottle. The request for Ambien is not medically necessary.

Urine 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, Pain Chapter, (UDT) Urine Drug Testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Urine drug testing (UDT).

Decision rationale: The MTUS recommends random urine drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The ODG states that patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes patients undergoing prescribed opioid changes without success, patients with a stable addiction disorder, those patients in unstable and/or dysfunction social situations, and for those patients with comorbid psychiatric pathology. The documentation indicates that the patient had the Dec. 2014 urine drug screen certified on 1/29/15.