

Case Number:	CM15-0080847		
Date Assigned:	05/01/2015	Date of Injury:	12/22/2010
Decision Date:	06/04/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/27/2015

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

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 48 year old female, who sustained an industrial injury on 12/22/2010. The mechanism of injury was not noted. The injured worker was diagnosed as having low back pain. Treatment to date has included diagnostics, physical therapy (unspecified dates/results), acupuncture, and medications. The progress report dated 1/19/2015, noted that Relafen gave her stomach pain and she stopped taking it. No further stomach pain was described. Currently, the injured worker complains of ongoing low back pain. Her work status was permanent and stationary and she was not working. Pain was rated 6/10 with medications and 9/10 without. She stated that failed conservative measures included physical therapy and was interested in Botox injections. Medication use included Norco, Gralise, and Prilosec. No gastrointestinal symptoms were noted. The treatment plan included continued medications, Botox injection for the lumbar spine, and physical therapy x 8 after the injection, as part of a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 400 units for lumbar paraspinal muscle: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox, Myobloc) Page(s): 25-26.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox Page(s): 25-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Botox.

Decision rationale: Regarding the request for Botox for the paraspinal muscles, 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, and therefore this request not medically necessary.

Physical therapy 8 visits: Upheld

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

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

Decision rationale: In the case of this injured worker, the submitted documentation failed to indicate functional improvement from previous physical therapy. This functional improvement can include a reduction in work restrictions or other clinically significant improved function in activities of daily living. According to the Chronic Pain Medical Treatment Guidelines, continuation of physical therapy is contingent on demonstration of functional improvement from previous physical therapy. There is no comprehensive summary of how many sessions have been attended in total over the course of this injury, and what functional benefit the worker gained from PT. There is a notation in a note from 3/18/15 that the patient had failed PT in the past. Therefore additional physical therapy is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PPI Page(s): 68-69.

Decision rationale: In this request, there is controversy over whether a PPI is warranted in this worker's treatment regimen. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): Clinicians should

weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. Recent progress notes do not describe the medical reason why PPI should be continued. Given this, this request is not medically necessary.