

Case Number:	CM14-0214652		
Date Assigned:	01/07/2015	Date of Injury:	02/21/2013
Decision Date:	03/03/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 21, 2013. In a Utilization Review Report dated November 20, 2014, the claims administrator denied a request for Lunesta and Botox injections while approving Norco and six sessions of physical therapy. The claims administrator referenced progress notes of November 5, 2014 and October 8, 2014 in its determination, along with an RFA form dated November 17, 2014. The applicant's attorney subsequently appealed. On December 3, 2014, the applicant reported persistent complaints of low back pain radiating to the left lower extremity. The applicant stated that Norco was reducing her pain scores from 10/10 without medications to 8/10 with medications. The attending provider stated that the applicant's medications were keeping her functional. The applicant was employing Norco at a rate of six tablets a day and also employing Pamelor at nighttime. It was stated that the applicant was using Lunesta for sleep purposes. The applicant had failed Ambien, Desyrel, Elavil, and a variety of other muscle relaxants for sleep purposes. The applicant was status post ORIF of an ankle fracture and status post a gastric bypass surgery, it was noted. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitations in place. In an appeal letter dated November 21, 2014, the attending provider stated that the applicant should be afforded a Botox injection for her low back pain complaints. On November 5, 2014, the applicant reported persistent complaints of low back, ankle, and foot pain, highly variable, 4-10/10. The applicant was using Norco six times daily and Lunesta nightly. The applicant was walking with the aid of a cane and a lumbar support.

Multiple medications were refilled. Ten Botox injections stored in 300 Botox units were endorsed. In an employer statement dated November 5, 2014, the employer acknowledged that it was unable to accommodate the limitations suggested by the treating provider and that the applicant would therefore remain off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescribed Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Online

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental Illness and Stress Chapter, Eszopiclone topic.

Decision rationale: The MTUS does not address the topic. As noted in ODG's Chronic Pain Chapter Eszopiclone topic, eszopiclone or Lunesta is recommended for short-term use purposes but is not recommended for long-term usage. Here, the attending provider has prescribed Lunesta (eszopiclone) for a minimum of several months. Such usage, however, is incompatible with the ODG position on the same. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable ODG position on the article at issue. Therefore, the request was not medically necessary.

Botox injections 30 units each to Bilateral Erector Spinae QTY: 10: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin Page(s): 26.

Decision rationale: The attending provider has framed the request as a first-time request for Botox injection therapy. As noted on page 26 of the MTUS Chronic Pain Medical Treatment Guidelines, Botox injections are recommended for chronic low back pain if a favorable initial response predicts subsequent responsiveness, in conjunction with a functional restoration program. Here, the attending provider has seemingly suggested that the applicant has proven recalcitrant to a variety of other treatment options, including physical therapy, medication therapy, etc. A trial of Botox injections, thus, was indicated here. Therefore, the request was medically necessary.