

Case Number:	CM15-0022356		
Date Assigned:	03/19/2015	Date of Injury:	10/28/2004
Decision Date:	07/23/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/06/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 injured worker is a 54 year old male, who sustained an industrial injury on 10/28/04. The injured worker was diagnosed as having post traumatic headaches, severe torticollis and segmental dystonia of the spine, failed back syndrome, bilateral knee degenerative joint disease, neurogenic bowel and inability for the stomach to empty correctly, a "clam shell" esophagus, and T5 radiculopathy. Treatment to date has included posterior L2-4 laminectomy and fusion on 3/13/13, a right T9 paravertebral nerve block, upper and lower spine injections, physical therapy, pool therapy, TENS, and medication. Currently, the injured worker complains of right rib cage and lower back pain that radiated to both legs. The treating physician requested authorization for a Botox injection 800 units and Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox Injection, 800 units: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum Toxin (Botox, Myobloc). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines state that Botox is not generally recommended for chronic pain disorders. It is not recommended for tension type headache, migraine headache, fibromyositis, chronic neck pain, myofascial pain syndrome, or trigger point injections. Systematic reviews have stated that current evidence does not support the use of Botox for mechanical neck disease. In this case the patient has chronic pain disorder from injury of October 2004. Botox is not recommended. Therefore the request is not medically necessary.

Methadone (unknown prescription): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): s 74-96.

Decision rationale: Methadone is an opioid medication recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. The FDA reports that they have received reports of severe morbidity and mortality with this medication. This appears, in part, secondary to the long half-life of the drug (8-59 hours). Pain relief on the other hand only lasts from 4-8 hours. Delayed adverse effects may occur due to methadone accumulation during chronic administration. Adverse effects include respiratory depression and QT prolongation. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioids should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case peer review shows that the patient has been prescribed opioids on a long-term basis. There is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. Criteria for long-term opioid use have not been met. Therefore the request is not medically necessary.