MAXIMUS Federal Services

Case Number:	CM15-0053725		
Date Assigned:	03/27/2015	Date of Injury:	07/19/1999
Decision Date:	05/06/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, Florida
Certification(s)/Specialty: Anesthesiology, 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 49 year old male, who sustained an industrial injury on 07/19/1999. The initial complaints and/or mechanism of injury and diagnoses were not found in the medical records submitted. Treatment to date has included conservative care, medications and multiple consultations including psychiatry care. Investigations include MRIs of the right knee, thoracic spine and cervical spine and CT scan of the chest. Currently, the injured worker complains of chronic neck pain, leg pain, and frequent urination. Diagnoses include cervical myelopathy with torticollis and neurogenic bladder and bowel, intermittent paraparesis, from number one leading to hip fracture, severe osteoporosis from medication induced hypogonadism, immobility, tobacco use, depression and anxiety, chronic diffuse pain in the neck with fibromyalgia, restless legs, thoracic and lumbar spine spondylosis with disc herniations compressing on the cord and conus, hypogonadism, involuntary movements of the jaw (from neuroleptics), status post maximal oral biphosphate use, left hydronephrosis from renal calculus (secondary to renal retention and concentration of urine from neurogenic bladder) rule out parathyroid tumor, multiple pulmonary nodules and advanced degenerative joint disease of the hips, knees, ankles and shoulders from quadriplegia causing multiple falls and excessive weight bearing from quadriplegia. The medications listed include Fentanyl patch, Oxycodone, Baclofen, androgen gel and lansoprazole. The treatment plan consisted of intravenous biphosphate, Botox 300 units, urology re-evaluation, medications (Brintellix and klonopin), laboratory testing, referrals to various experts and follow-up clinic visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 IV Bisphosphonate: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter and Other Medical Treatment Guidelines FDA website.

Decision rationale: The CA MTUS and the ODG guidelines did not fully address the use of biphosphonate in the treatment of chronic pain disorders. The FDA indications for the use of biphosphonates include the treatment of severe osteoporosis and complex bone pain. The records indicate that the patient was diagnosed with severe osteoporosis as well as history of malignancies and bone pain. It was noted that the patient had exhausted treatment with oral biphosphonate formulations. The records indicate that the endocrinologist had recommended that utilization of iv biphosphonate. The criteria for the use of iv biphosphonate was met. The request IS medically necessary.

3 Botox injections: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation FDA Botox.

Decision rationale: The CA MTUS and the ODG guidelines did not fully address the use of Botox for the treatment of urinary conditions. The records indicate that the patient was diagnosed with urinary incontinence, urgency and bladder detrusor muscle dysfunction. The records indicate that the Urologist had recommended the utilization of Botox injections into the detrusor muscles for the treatment of the urinary symptoms. The criteria for the use of Botox injections X3 was met. The request IS medically necessary.