

Case Number:	CM15-0068475		
Date Assigned:	04/16/2015	Date of Injury:	08/12/2007
Decision Date:	05/15/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/10/2015

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: 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 65 year old male, who sustained an industrial injury on 8/7/2012. He reported injury from moving a heavy cement ashtray. The injured worker was diagnosed as status post bilateral knee replacement, low back pain, chronic bilateral knee pain and right hip pain. Lumbar x ray showed severe degeneration at lumbar 5-sacral 1. Treatment to date has included surgery, Synvisc injection and medication management. In a progress note dated 3/19/2015, the injured worker complains of ongoing low back pain and hip pain. The treating physician is requesting Botox, 8 physical therapy visits and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 400 units to the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines, low back, state: Botulinum toxin (Botox®).

Decision rationale: The requested Botox 400 units to the lumbar spine, is not medically necessary. The MTUS does not address this request. Official Disability guidelines, low back, state: Botulinum toxin (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. The injured worker has ongoing low back pain and hip pain. The treating physician has not documented refractory aspects of previous conservative treatments. The criteria noted above not having been met, Botox 400 units to the lumbar spine is not medically necessary.

8 physical therapy visits for the lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Complaints, Physical Therapy.

Decision rationale: The requested 8 physical therapy visits for the lumbar spine, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 12, Low Back Complaints, Page 300 and Official Disability Guidelines, Low Back Complaints, Physical Therapy, recommend continued physical therapy with documented derived functional benefit. The injured worker has ongoing low back pain and hip pain. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions. The criteria noted above not having been met, 8 physical therapy visits for the lumbar spine is not medically necessary.

Tramadol 50mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 93-94, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113 Page(s): 78-82, 113.

Decision rationale: The requested Tramadol 50mg #200 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has ongoing low back pain and hip pain. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, objective evidence of derived

functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, or measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Tramadol 50mg #200 is not medically necessary.