

<b>Case Number:</b>	CM13-0001409		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	09/07/1993
<b>Decision Date:</b>	02/14/2014	<b>UR Denial Date:</b>	07/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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, obstructive sleep apnea, hypertension, hypogonadism, and chronic neck pain reportedly associated with an industrial injury of September 7, 1993. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; long and short-acting opioids; lumbar medial branch block procedures; and antidepressant medications. In a utilization review report of July 1, 2013, the applicant is given partial certification of Fentanyl or Duragesic for weaning purposes. Neurontin or Gabapentin is also approved. A follow-up visit is approved. Several other topical compounds, testosterone, and an MRI are apparently denied. The utilization review report is very fragmented, difficult to read, and contains little or no narrative. The applicant's attorney subsequently appealed. On September 23, 2013, the applicant presents with issues related to chronic, severe low back pain which apparent stems from explosion of a high pressured gas hose. The applicant also has reportedly severe hypogonadism which is apparently attributed to his ongoing opioid usage. The applicant reports 7/10 pain with medications and 9/10 pain without medications. He is on Duragesic, Neurontin, testosterone, and a topical compounded Kohana cream which includes both ketamine and gabapentin. The applicant has now retired. He is 67 years old. Surgical scars are noted about the cervical spine and left ankle. Medications, including Duragesic, testosterone, and topical compounds, are renewed. The attending provider states that usage of opioid medications is generating appropriate improvements in terms of valuable activities of daily living and overall quality of life and is providing appropriate analgesia. A cervical MRI of July 30, 2013 is notable for metallic hardware present between C3-

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Cervical magnetic resonance imaging (MRI) with contrast:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 183.

**Decision rationale:** The MRI apparently took place on July 30, 2013. Thus, this is a retrospective review. The MTUS/ACOEM Guidelines indicate that an MRI and/or CT imaging is "recommended" to validate a diagnosis of nerve root compromise, based on clear history and physical exam findings, in preparation for an invasive procedure. In this case, the applicant did have ongoing issues with cervical spine pain and associated bilateral upper extremity weakness appreciated in July 2013, immediately prior to requesting the MRI. The applicant's neurosurgeon did write that she would have considered further spine surgery based on the outcome of said MRI imaging. Thus, on balance, obtaining said MRI imaging was medically appropriate, medically necessary, and reasonable here. The request is certified.

**Testosterone Cyplonate:** Upheld

**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 Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

**Decision rationale:** The Chronic Pain Guidelines indicate that supplemental testosterone is recommended in limited circumstances in those individuals who use opioids chronically and have laboratory confirmed hypogonadism. In this case, however, there is no evidence anywhere in the file that the applicant has or had laboratory confirmed hypogonadism. There is no documentation of testosterone levels on any progress note. There are no actual laboratory test results provided for review. Therefore, the request remains non-certified, on independent medical review.

**Fentanyl:** 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 When to Continue Opioids Page(s): 80.

**Decision rationale:** The Chronic Pain Guidelines indicate that the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain affected as a result of ongoing opioid usage. In this case, it does appear that on balance, that the applicant does meet two of the three criteria established for continuation of opioid therapy. Specifically, the applicant reports diminished pain scores and improved performance of non-work activities of daily living as a result of ongoing opioid usage, although it is acknowledged that the applicant has failed to return to work, either as a result of the medical issues or as a result of taking retirement. In any case, given the reported improved performance of activities of daily living and evidence of appropriate analgesia affected as a result of ongoing opioid usage, the request is certified, on independent medical review.

**Kohana Cream:** Upheld

**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 Topical Analgesics Page(s): 111-113.

**Decision rationale:** As noted by the attending provider, some of the ingredients in the cream include gabapentin and Ketamine. The Chronic Pain Guidelines indicate that neither of which are recommended for topical compound formulation purposes. Since one or more ingredients in the compound carry an unfavorable recommendation, the entire compound is considered to carry an unfavorable recommendation. Accordingly, the request is not certified, on independent medical review.

**Retrospective request for urine drug screen (UDS):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines; Pain (Chronic)

**Decision rationale:** The Chronic Pain Guidelines recommend intermittent urine drug testing in the chronic pain population; however the guidelines do not establish specific parameters for or identify a frequency with which to perform urine drug testing. The Official Disability Guidelines indicate that an attending provider should clearly state which drug test and/or drug panels he is testing for along with the request for authorization. The attending provider should also state when the last time the applicant underwent urine drug testing was. In this case, however, the attending provider did not meet either of the aforementioned criteria. There was no description of what drug tests and/or drug panels the attending provider was testing for, nor did the attending provider state when the applicant last underwent urine drug testing and/or what the results of said urine drug testing were. For all of these reasons, then, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.

