

<b>Case Number:</b>	CM13-0014082		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/29/2002
<b>Decision Date:</b>	02/11/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2013

### 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 Physical Medicine & Rehabilitation 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:

This 46 year-old male sustained an injury on 4/29/02 while employed by [REDACTED]. Requests under consideration include Celebrex 200 mg, 1 by mouth daily, #30 with 4 refills, AndroGel 50mg/5 gram 1%, apply 1 packet to skin daily, #30 with 4 refills, and Psychiatry consultation. Diagnoses include chronic lumbar backache, predominant left lower extremity radiculopathic pain, chronic cervicgia, bilateral upper extremity referred radiculopathic pain, and recurrent myofascial strain. Conservative treatment has included medications listed as Neurontin, Prilosec, AndroGel, Methadone, and Celebrex. Report of 7/18/13 from [REDACTED] noted diagnoses of reactive anxiety, insomnia, and gastritis. Exam had normal affect and painful restricted cervical and lumbar range of movement. Requests were non-certified on 7/15/13, citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200mg, 1 by mouth daily, #30 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** This 46 year-old male sustained an injury on 4/29/02 while employed by [REDACTED]. Diagnoses include chronic lumbar backache, predominant left lower extremity radiculopathic pain, chronic cervicalgia, bilateral upper extremity referred radiculopathic pain, and recurrent myofascial strain. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of Celebrex's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue Celebrex for an injury of 2002 nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. Celebrex 200mg, 1 by mouth daily, #30 with 4 refills is not medically necessary or appropriate.

**Androgel 50mg/5 gram 1%, apply one packet to skin daily, #30 with 4 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism Page(s): 110.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism Page(s): s 110-111.

**Decision rationale:** This 46 year-old male sustained an injury on 4/29/02 while employed by [REDACTED]. Diagnoses include chronic lumbar backache, predominant left lower extremity radiculopathic pain, chronic cervicalgia, bilateral upper extremity referred radiculopathic pain, and recurrent myofascial strain. Per guidelines, the etiology of decreased sexual function, a symptom of hypogonadism, is confounded by several factors including natural decreased testosterone that occurs with aging, side-effect of medications such as certain SSRIs and anti-epileptic drugs, comorbid conditions of diabetes, and hypertension and vascular diseases. Although testosterone replacement may be recommended in limited circumstances in patients taking long-term high-doses of oral and intrathecal opioids, clear exhibition of symptoms and signs of hypogonadism such as gynecomastia must be documented along with low testosterone level identified by testing. Submitted reports have not demonstrated support for this medication. The Androgel 50mg/5 gram 1%, apply 1 packet to skin daily, #30 with 4 refills is not medically necessary and appropriate.

**Psychiatry consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (WEB), 2013, Chronic Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): s 398, 387-405.

**Decision rationale:** This 46 year-old male sustained an injury on 4/29/02 while employed by [REDACTED]. Diagnoses include chronic lumbar backache, predominant left lower extremity radiculopathic pain, chronic cervicalgia, bilateral upper extremity referred radiculopathic pain, and recurrent myofascial strain. Conservative treatment has included medications listed as Neurontin, Prilosec, AndroGel, Methadone, and Celebrex. Report of 7/18/13 from [REDACTED] noted diagnoses of reactive anxiety, insomnia, and gastritis. Exam had normal affect and painful restricted cervical and lumbar range of movement. Submitted reports have no clearly defined psychological issues documented on clinical examination or specific diagnosis to support for a psychiatric consultation for this injury of 2002. Guidelines states that it recognizes that the primary care physician and other non-psychological specialists commonly deal with and try to treat psychiatric conditions. It is recommended that serious conditions such as severe depression and schizophrenia be referred to a specialist; however, this has not been demonstrated here. The Psychiatry consultation is not medically necessary and appropriate.