

<b>Case Number:</b>	CM13-0026779		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/14/2005
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	09/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2013

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in Virginia and Washington DC. 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/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 is a 50-year-old patient who sustained injury on December 14, 2005 and sustained right shoulder pain and low back pain. The patient also suffered an electrical burn and anoxic brain injury. He underwent neuropsychological therapy. ██████ saw the patient on July 1, 2013 for right shoulder pain and bilateral knee pain. He was prescribed: Neurontin, Zoloft, oxybutrin, Norvasc, Diovan HCT, trazodone, Flovent, Albuterol, testosterone, Naprosyn, Voltaren gel, Protonix. Multiple lab tests were requested by ██████: liver function tests, renal panel, testosterone, functional restoration evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **A Functional Restoration Evaluation:** 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 Functional Restoration Approach to Chronic Pain Management Page(s): 6-9.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, many injured workers require little treatment, and their pain will be self-limited. Others will have persistent pain, but can be managed with straightforward interventions and do not require complex

treatment. However, for patients with more complex or refractory problems, a comprehensive multidisciplinary approach to pain management that is individualized, functionally oriented (not pain oriented), and goal-specific has been found to be the most effective treatment approach. According to the documentation provided, the patient appears to have sustained a complex injury to the brain, which would make assessment for return to work rather difficult. Therefore, the request is medically necessary.

**A Renal Panel:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function Page(s): 69-70.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, the use of NSAIDs have an associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension, and can compromise renal function. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests), routine blood pressure monitoring is also recommended. In this case, the patient was prescribed Naprosyn, which is an NSAID. Although there are no specific guidelines addressing the frequency of lab testing, it is recommended. Therefore, the request is medically necessary.

**Liver Function Testing:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, NSAIDs can cause hepatic issues, should be used with caution in patients with moderate hepatic impairment, and are not recommended for patients with severe hepatic impairment. Borderline elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. The patient was prescribed Naprosyn, which is an NSAID. Although there are no guidelines establishing the frequency of liver function testing, it is recommended; therefore, the request is medically necessary.

**Testing Testosterone Levels:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Testosterone replacement for hypogonadism (related to opioids) Page(s): 74, 110-111.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Hypogonadism has been noted in patients receiving intrathecal opioids and long-term high dose opioids. Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia. In this case, the patient is prescribed long-term opiates and testing of testosterone levels would be warranted. Therefore, the request is medically necessary.