

Case Number:	CM13-0030974		
Date Assigned:	12/04/2013	Date of Injury:	02/12/2007
Decision Date:	02/11/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	10/02/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 55-year-old male who reported an injury on 02/12/2007. The patient is diagnosed with post-laminectomy syndrome, thoracic or lumbosacral neuritis or radiculitis, fibromyalgia, lumbago, neuralgia, and disc disease. The patient was seen by the requesting provider on 08/14/2013. Physical examination revealed an antalgic gait, symmetrical breath sounds, normal cardiovascular examination, and normal abdominal examination. The patient is also diagnosed with dry mouth, chronic pain syndrome, gastritis, chronic constipation, and hypertension. Treatment recommendations included continuation of current medication, testosterone injections twice per week for life, alcohol pads for life, and Biotene toothpaste and mouth wash for life.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone Cypionate Injection 100mg, 1 ml twice weekly for life: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

Decision rationale: California MTUS Guidelines state testosterone replacement is recommended in limited circumstances for patients taking high-dose, long-term opioids with documented low testosterone levels. Within the clinical notes submitted, there is no documentation of testosterone levels. There has not been any evidence or discussion of hypogonadism. There is also no evidence of a consultation by the specialist physician to confirm the need of testosterone supplement. The medical necessity has not been established. Therefore, the request is non-certified.

Alcohol prep pads, #100, for life: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

Decision rationale: There is no mention of the medical necessity or rationale for the requested service. It is presumed that these alcohol prep pads will be utilized for the purpose of testosterone injections, which have not been authorized. Therefore, the request for alcohol pads for life is also non-certified.

Biotene Toothpaste 126gms for life: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 55.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

Decision rationale: California MTUS/ACOEM Practice Guidelines state oral pharmaceuticals are a first-line palliative method. Non-prescription analgesics provide sufficient pain relief for most patients with acute work-related symptoms. If treatment response is inadequate, physicians should add prescribed pharmaceuticals or physical methods. Consideration of comorbid conditions, side effects, cost and efficacy of medication versus physical methods, and provider and patient preferences should guide the physician's choice of recommendations. The physician should discuss the efficacy of medication for the particular condition, its side effects, and any other relevant information with the patient to ensure proper use and, again, to manage expectations. As per the clinical notes submitted, the patient does maintain a diagnosis of dry mouth. However, there is insufficient information provided to associate or establish the medical necessity or rationale for the requested treatment. There has not been any explanation of need, nor is there defined presence of dry mouth in the clinical notes. Physical examination on 08/14/2013 revealed normal findings. Medical necessity has not been established. Therefore, the request is non-certified.

Biotene mouthwash 484ml per month for life: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 55.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

Decision rationale: California MTUS/ACOEM Practice Guidelines state oral pharmaceuticals are a first-line palliative method. Non-prescription analgesics provide sufficient pain relief for most patients with acute work-related symptoms. If treatment response is inadequate, physicians should add prescribed pharmaceuticals or physical methods. Consideration of comorbid conditions, side effects, cost and efficacy of medication versus physical methods, and provider and patient preferences should guide the physician's choice of recommendations. The physician should discuss the efficacy of medication for the particular condition, its side effects, and any other relevant information with the patient to ensure proper use and, again, to manage expectations. As per the clinical notes submitted, the patient does maintain a diagnosis of dry mouth. However, there is insufficient information provided to associate or establish the medical necessity or rationale for the requested treatment. There has not been any explanation of need, nor is there defined presence of dry mouth in the clinical notes. Physical examination on 08/14/2013 revealed normal findings. Medical necessity has not been established. Therefore, the request is non-certified.