

Case Number:	CM13-0032538		
Date Assigned:	12/11/2013	Date of Injury:	03/24/2000
Decision Date:	01/23/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/08/2013

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, chronic pain syndrome, chronic ulnar neuropathy, and chronic elbow pain reportedly associated with industrial injury of March 24, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; topical agents, prior lumbar fusion surgery; spinal cord stimulator; and apparent return to some form of work with restrictions in place. In a Utilization Review Report of September 24, 2013, the claims administrator partially certified a request for Valium, non-certified a request for testosterone, certified a request for Neurontin, certified a request for Colace, certified a request for senna, and denied a request a request for Wellbutrin, and certified a request for Zantac. The applicant's attorney later appealed, on September 28, 2013. In a November 27, 2013 progress note, the applicant reported 1 to 5/10 low back pain. The applicant states that the combination of Ambien and Rozerem has increased his sleep. He is working full-time and states that pain has increased after discontinuation of Valium. Portions of the applicant's claim are being contested. The applicant has a BMI of 32. He is given a diagnosis of post laminectomy syndrome. Earlier laboratory testing of September 2011 was notable for a low testosterone. Additional testosterone is endorsed. The applicant has returned to work with a 10-pound lifting limitation. It is noted that the applicant does have issues with pain radiating from the low back to left leg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Valium 5mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: As noted on page 41 of MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Valium are not recommended or endorsed for chronic or long-term use purposes. In this case, as noted by the MTUS, more appropriate selection for chronic pain issues is an antidepressant. Therefore, the request is not certified.

Testim 1% 50mg, #30: Overturned

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

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

Decision rationale: As noted on page 110 of the MTUS Chronic Pain Medical Treatment Guidelines, testosterone replacement is recommended in those individuals who have documented low testosterone levels. In this case, the applicant is an individual with documented low testosterone levels. He has apparently been using opioids, including Norco, chronically. Continuing testosterone in this context is, on balance, indicated. Therefore, the request is certified.

Zolpidem Tartrate 10mg, #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/ Disability Duration Guidelines, Pain (Chronic)

Decision rationale: The MTUS did not address the topic. As noted in ODG chronic pain chapter zolpidem topic, zolpidem or Ambien is endorsed only in the short-term, two to six weeks treatment of insomnia. It is not recommended on chronic, scheduled, or long-term basis being proposed here. Therefore, the request remains non-certified.

Wellbutrin 150 XL, #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16.

Decision rationale: As noted on the page 16 of the MTUS Chronic Pain Medical Treatment Guidelines, Wellbutrin or bupropion, an atypical antidepressant, has been shown to be effective in relieving neuropathic pain of various etiologies. In this case, the applicant does have longstanding lumbar radicular complaints. The applicant has seemingly demonstrated improvement through prior usage of Wellbutrin as evinced by his successful return to work. On balance, continuing the same is indicated. Therefore, the original utilization review decision is overturned. The request is certified.