

Case Number:	CM13-0033796		
Date Assigned:	12/27/2013	Date of Injury:	07/30/2008
Decision Date:	02/20/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/10/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 49 year old male presenting with low back pain following a work related injury on 07/30/2008. On 8/9/2012, the claimant complained of low back pain that was aggravated by any type of physical activity. The claimant tried physical therapy. The claimant is also seen by a psychologist. The claimant's medications include Norco 10/325mg six per day, Cymbalta 60 mg per day for chronic pain and depression, Motrin 600mg three times per day, Ambien 10 mg q.h.s. for insomnia, Miralax for constipation and Fortesta gel 60 mg per day for hypogonadism. The claimant reports improvement with his medication. He rates his pain 1.5/10 with medications and 5/10 without medication. Per the physical exam, there were tenderness in the lumbar left paraspinal musculature and reduced range of motion, positive straight leg raise on the left 45 degrees on the left and on the right at 60 degrees, 4/5 motor strength at the left anterior tibialis, peroneus brevis/longus and EHL, hypesthesia in the right calf, 1+ Patella reflex bilaterally and Achilles reflex 1+ on the right. The claimant was with status post L5-S1 fusion with instrumentation 6/2009, status post hardware removal lumbar spine 3/2010, residual radiculopathy in bilateral lower extremity, opioid-induced constipation, opioid-induced hypogonadism, history of sleep apnea and Pre-diabetes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ambien 10mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: ODG states that sleeping aids like Ambien "are not recommended for long term use, but recommended for short-term use. While sleeping pills, so called minor tranquilizers, and anti-anxiety agents are commonly prescribed in chronic pain, pain specialist rarely, if ever, recommend them for long-term use. It can be habit-forming and may impair function and memory, more than opioid pain relievers. There is also concern that it may increase pain and depression over long-term. Sleeping pills are indicated for treatment of insomnia with difficulty of sleep onset and/or sleep maintenance. Longer-term studies have found sleep aids to be effective for up to 24 weeks in adults. According to the medical records, the claimant appeared to have used Ambien long term. It is more appropriate to set a weaning protocol at this point. Ambien is not medically necessary.

Tizanidine 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): 65.

Decision rationale: According to MTUS page 65, Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. MTUS further states that Tizanidine may be used as a first line option to treat myofascial pain. The claimant was not diagnosed with myofascial pain and Tizanidine use for his current diagnosis would be off label. Tizanidine is therefore not medically necessary.

Neurontin 300mg, #30: 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 Anti-epilepsy Drugs Page(s): 16-17.

Decision rationale: CA MTUS states that there is insufficient evidence to recommend for or against anti-epileptic drugs for axial low back pain. In terms of neuropathic back pain, page 16 of the CA MTUS states that there was lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials were also directed at central pain and none for painful radiculopathy. The claimants medical records did not provide enough evidence to corroborate

that he has neuropathic pain associated with a lumbar nerve root compression or lumbar spinal stenosis.

CBC, CMP, and Testosterone panel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement, Chronic Pain Treatment Page(s): 107-109, 8-11.

Decision rationale: Per CA MTUS, testosterone replacement is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. 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. If needed, testosterone replacement should be done by a physician with special knowledge in this field given the potential side effects such as hepatomas. There was no further documentation for signs of hypogonadism or gynecomastia. Additionally, Per CA MTUS page 11, "clinical judgment shall be applied to determine frequency and intensity and "[s]election of treatment must be tailored for the individual case" as stated in the Introduction of these guidelines at page 8;" There is no indication for a CBC or Chemistry panel. The claimant is not on any medication used to treat his work related injury that would provide a risk or warrant a CBC and/or CMP; therefore, the requested CBC, CMP and Testosterone panel is not medically necessary.