

<b>Case Number:</b>	CM13-0038359		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/03/2002
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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:

The injured worker is a 50 year-old gentleman who was reportedly injured on May 3, 2002. The mechanism of injury is noted as a lifting event. The most recent progress note, dated May 29, 2014, indicates that there are ongoing complaints of low back and lower extremity pain in the L5 dermatome. The physical examination demonstrated a 6'1" to our pound individual with a normal demeanor. A markedly reduced lumbar spine range of motion is reported and straight leg raise is positive on the left. Deep to reflexes are asymmetric and pathologic reflexes are absent. Motor strength is reported to be 3+/5. Diagnostic imaging studies objectified a noted arachnoiditis after multiple surgical interventions. Previous treatment includes lumbar spine surgery (X6), fusion surgery opioid and other medications, (with a noted opioid dependence). A request had been made for the medications Restoril and AndroGel and was not certified in the pre-authorization process on September 24, 2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF RESTORIL 30MG 1-2 TABLETS AT BEDTIME #60,:** Upheld

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

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

**Decision rationale:** This medication is a benzodiazepine which as noted in the Official Disability Guidelines is not recommended for long-term use. The efficacy of this medication long-term, the risk of psychological and physical dependence or addiction are significant concerns. Furthermore, when noting the treatment rendered and the complications suffered, use of opioid medications puts addiction at a significant consideration. Therefore, when noting that there is no frank discussion as to why this medication is needed for chronic, indefinite use and noting the physical examination findings this medication is not determined to be medically necessary based on the records presented for review.

**PRESCRIPTION OF ANDROGEL 1% 2 PUMPS DAILY 1 MONTH SUPPLY:** Upheld

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

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

**Decision rationale:** The Official Disability Guidelines recommend the use of this medication in limited circumstances. The difficulty is that the multiple progress notes reviewed do not discuss the clinical indication for this medication. The physical examination does not note any hypogonadism or any other negative sequelae to chronic opioid use for why this medication is being prescribed. Therefore, based on this complete lack of any medical evidence, this is not noted to be not medically necessary.