

Case Number:	CM13-0057836		
Date Assigned:	12/30/2013	Date of Injury:	03/03/2005
Decision Date:	04/09/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/26/2013

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 patient is a 51 year old male who was injured on 03/03/2005 while making a deliver working as a terminal manager. The patient underwent an L4-L5 disc arthroplasty performed in February 2010. He had 3 spinal cord stimulator trials with most recent trial performed on 01/15/2013 which appeared to be effective for radicular symptoms; however, did not provide him with adequate coverage of his low back. Examinations dating back to 01/18/2013 are all essentially the same. Objective findings on exam included gait slightly antalgic. Bilateral lumbar paraspinous tenderness and there was 1+ palpable spasm present. There was positive straight leg raise exam bilaterally at 50 degrees. Muscle testing was 5/5 bilaterally. The patient was diagnosed with chronic intractable low back pain, multilevel lumbar degenerative disc disease, lumbar radiculopathy, hypogonadism/testosterone deficiency secondary to chronic opioids use, and hypertension, industrial causation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids, Hydromorphone, Dilaudid, generic available Page(s): 76-82,.

Decision rationale: As per CA MTUS Guidelines, Dilaudid is a short-acting opioid also effective for controlling chronic pain and is often used for intermittent or breakthrough pain. This patient has persistent lower back pain radiating to lower extremities associated with numbness and tingling. He continues to have increased radicular symptoms, muscle spasms, tenderness, decreased ROM. There is no evidence of objective functional improvement or reduction in pain level with the use of this medication. Medical necessity for continued use of this medication has not been established. Thus, the request is non-certified.

Lyrica 225mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabatin (Lyrica, no generic available) Page(s): 16-20, 99.

Decision rationale: As per CA MTUS Guidelines, Lyrica is recommended for neuropathic pain. In this case, the patient complains of numbness and tingling down his lower extremities. However, there is no clear evidence of neuropathy on physical examination, and no diagnostic studies are available for review. Therefore, the Lyrica recommendation remains unchanged.

Ibuprofen 600mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: As per CA MTUS Guidelines, NSAIDs is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. Further, guidelines indicate there is no evidence of long-term effectiveness for pain or function. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line treatment after Acetaminophen. This patient has persistent lower back pain radiating to lower extremities associated with numbness and tingling. He continues to have increased radicular symptoms, muscle spasms, tenderness, and decreased ROM. However, guidelines indicate that sufficient clinical improvement should be observed to offset potential risk of treatment with all NSAIDs medications including ibuprofen. The submitted documents do not indicate sufficient improvement has taken place despite use of this medication. Thus, the request for ibuprofen 600 mg is non-certified.

Benicar 40mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 11th Edition (WEB), 2013, Diabetes-Hypertension Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes (Type 1, 2, and Gestational), Hypertension treatment

Decision rationale: The patient carries a diagnosis of hypertension and is prescribed Benicar which may well be medically necessary. However, there is insufficient documentation in the provided medical records to overturn the prior decision. There is no discussion of the diagnosis, blood pressure readings, or response to treatment.

Baclofen 10mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: As per CA MTUS Guidelines, Baclofen is "recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries." Further guidelines indicate "muscle relaxants are recommended as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Thus, the request is non-certified.

Axiron 30mg/1.5mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Pag.

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

Decision rationale: As per CA MTUS Guidelines, testosterone replacement for hypogonadism 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." The

patient was evaluated by endocrinologist, [REDACTED], and was diagnosed with opioids-induced hypogonadism. This patient has symptoms of fatigue, low energy, and decreased libido and has documented lab results of low testosterone level, and therefore the medical necessity has been established. Thus, the request is certified.