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| Case Number: | CM14-0009509 | | |
| Date Assigned: | 02/14/2014 | Date of Injury: | 06/01/2001 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 01/17/2014 |
| Priority: | Standard | Application Received: | 01/24/2014 |

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 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 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 patient is a 46-year-old male with a date of injury of 6/01/2001. He has developed a chronic pain syndrome secondary to pan spinal pain. He has had cervical surgery X's twice (2004, 2009) consisting of decompression, fusion and spinal disc replacement. He has been on long term Norco, 10/325, Duragesic 50mch q 2days, MS Contin ER 30mg. #60, Restoril 30mg and Soma 350mg daily. He has been provided syringes for testosterone injections. There are no records documenting a testosterone deficiency. Lab results document a serum level of over twice the physiologic levels for testosterone (11/20/12).

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60 WITH 3 REFILLS: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, DOSING,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 81.

Decision rationale: The prior Utilization Review denied the Hydrocodone on an interpretation that Opioids cannot exceed 120mg's equivalents per 24 hours. The Guidelines actually state that

this is a level of use where one should reassess and ideally, a pain specialist would be involved when this dose is exceeded. The Guidelines do not say that under no circumstances can the 120mgs/day threshold be exceeded. The prior Utilization Review opinioned that there was enough benefits to justify the Duragesic and MS Contin, the addition of Hydrocodone 10/325 average use of 2/per day does not significantly change the opioid use even if it does "tip the scale" over the 120mgs threshold for reassessment and specialty input. Therefore, the request for Hydrocodone is medically necessary.

RESTORIL 30MG #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental Illness and Stress chapter, Insomnia Treatment

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

Decision rationale: Restoril is Temazepam, which is a benzodiazepine. This is not a recommended long-term drug and tolerance to hypnotic effects develops quickly. There are several other classes of hypnotic medications that are considered more appropriate than benzodiazepines. This is not a medically necessary medication.

3CC SYRINGES WITH 3 REFILLS FOR A TOTAL OF 10: 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) Chronic Pain, Testosterone replacement for hypogonadism

Decision rationale: The syringes are for testosterone supplementation. This is recommended only if there are low levels documented and the supplementation should not exceed physiologic doses. Neither of these conditions appear to be met. There is no documentation of low levels and the testing that was done revealed over twice the physiologic levels. With the more recent studies showing likely increased C-V risks, one should be very careful regarding the indications and amounts utilized. Testosterone replacement does not appear medically necessary hence, the syringes are not necessary.

SOMA 350MG #30 WITH 3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Cardisoprodol Page(s): 19.

Decision rationale: The guidelines are quite clear on this drug. It is not indicated for long-term use. It is strongly sedating and addictive and has no proven role versus other safer muscle relaxants. There are other classes of muscle relaxants that have moderate support for chronic spinal pain. The Soma is not medically necessary.