

Case Number:	CM14-0016597		
Date Assigned:	02/28/2014	Date of Injury:	05/19/2005
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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 Orthopedic Surgery, 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 injured employee is a 59-year-old who states that he sustained a work-related injury on May 19, 2005 when he was lifting some sheet rock weighing about 80 pounds. Subsequent diagnoses include chronic neck and low back pain, lumbar disc disease, lumbar radiculopathy, and lumbar facet arthropathy. A CT myelogram dated April 21, 2006 showed multilevel degenerative disc disease and moderate facet arthropathy. An MRI of the lumbar spine dated May 8, 2008 also showed this degenerative disc disease and facet arthropathy. The injured employee was recently seen on February 13, 2014. Stated medications at this time include Amitiza, Colace, methadone, Norco, and diazepam. These medications were stated to be effective in controlling the injured employee's pain and improve his ability to perform activities of daily living. The physical examination on this date noted a mildly antalgic gait, decreased lumbar range of motion, and paravertebral tenderness. A neurological examination noted normal lower extremity strength of 5/5, intact sensation, 2+ bilateral reflexes, and a negative straight leg raise test. While testosterone level assessment was mentioned at that time, there is no rationale as to why this request is made. A previous independent medical review dated January 28, 2014, for Amitiza, testosterone blood levels, and Valium were not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

LABORATORY WORK FOR TESTOSTERONE BLOOD LEVEL: 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, , 110

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. § 9792.20 - 9792.26 MTUS Effective July.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that lab work for testosterone blood levels as indicated for hypogonadism in those individuals receiving long-term high-dose opioids. While the injured employee has been prescribed Norco and methadone in the past, there is no mention of hypogonadism in the attached medical record. Additionally routine assessment of testosterone levels in men taking opioids is not recommended. The request for laboratory work for testosterone blood level is not medically necessary or appropriate.

VALIUM (DIAZEPAM) 10 MG #60 X6: 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, BENZODIAZEPINES, 24

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 8 C.C.R. § 9792.20 - 9792.26 MTUS Effective July.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines long-term usage of medications such as Valium is not only of uncertain efficacy but carries a risk of dependence. Usage is recommended to be limited to four weeks time due to rapid development of tolerance. There is no mention in the attached medical record to justify chronic long-term usage of this medication. The request for Valium (Diazepam) 10 mg, sixty count with five refills, is not medically necessary or appropriate.

AMITZA 24 MCG #60 X4: 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, , 77

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/amitiza.html>

Decision rationale: Amitiza is a medication used to treat chronic constipation due to opioid usage. This medication is not addressed by the Chronic Pain Medical Treatment Guidelines or the Official Disability Guidelines. It is unclear why this medication has been chosen for constipation over other more commonly prescribed medications such as Colace. The request for Amitiza 24 mcg, sixty count with three refills is not medically necessary or appropriate.