

Case Number:	CM14-0111394		
Date Assigned:	08/01/2014	Date of Injury:	12/30/2003
Decision Date:	09/09/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/17/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This is a male patient with a date of injury of December 30, 2003. A utilization review determination dated June 19, 2014 recommends non-certification of a testosterone level quantity of one, and a vitamin D level quantity of one. A progress note dated June 11, 2014 identifies subjective complaints of recent pain flares, occasionally doing well, severe pain when coming up from flexing forward, and improved pain for about 6 to 12 months following left L 3 - L 4 medial branch RFA done in December 2009. Medications include Norco 10/325 six per day and Motrin 800 mg twice a day with food. Physical examination identifies a positive seated straight leg raise on the left, lumbar forward flexion at 90 of normal, extension of the lumbar spine is less than 20 of normal, severe left-sided low back pain with extension, tenderness to palpation over the last lumbar paraspinals, positive left facet maneuver, minimal pain with right facet maneuver, left ankle dorsiflexion and evertors is 4/5 and 5/5 on the right, and bilateral knee flexion and extension is 5/5. Diagnoses include history of L 5 - S 1 laminectomy/facetectomy in 2006, failed back surgery syndrome, low back pain, left leg pain, L5 - S1 DDD, left S1 radiculopathy, and facet arthropathy. The treatment plan recommends a left-sided lumbar medial branch RFA at L3-L4 with fluoroscopic guidance, refill of Norco 10/325 one every 4 to 6 hours PRN #180, and testosterone and vitamin D level due to a possible decrease as a direct consequence of opiates.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone Level QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism (related to opioids) Page(s): 110-111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 110-111 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: J Adv Pharm Technol Res. 2010 Jul-Sep; 1(3): 297-301.

Decision rationale: Regarding the request for testosterone level (quantity of 1), Chronic Pain Medical Treatment Guidelines state that 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. Due to risk of hepatoma, guidelines recommend that testosterone replacement should be done by a physician with special knowledge in the field. An article in the Journal of Advanced Pharmacologic Technology states that there are numerous causes of hypogonadism. They go on to indicate that a thorough history and physical is indicated in an attempt to identify the underlying etiology of hypogonadism. Within the documentation available for review, there are no documented subjective complaints of hypogonadism symptomology. Additionally, there is no documentation of a thorough history and physical examination directed towards the patient's endocrine function. Furthermore, there is no indication that the physician prescribing the testosterone replacement has special knowledge in the field, as recommended by guidelines. In the absence of such documentation, the currently requested testosterone level (quantity of 1) is not medically necessary.

Vitamin D Level QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus: A services of the U.S. National Library of Medicine from the National Institute of Health, 25-hydroxy vitamin D test.

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, Vitamin D (cholecalciferol).

Decision rationale: Regarding the request for Vitamin D level (quantity 1), Official Disability Guidelines (ODG) state that, if necessary, vitamin D supplementation is recommended for consideration in chronic pain patients. ODG state that Vitamin D deficiency is not considered a workers' compensation condition. Inadequate vitamin D may represent an under-recognized source of nociperception and impaired neuromuscular functioning among patients with chronic pain. Physicians who care for patients with chronic, diffuse pain that seems musculoskeletal - and involves many areas of tenderness to palpation - should consider checking vitamin D level. For example, many patients who have been labeled with fibromyalgia may be suffering from symptomatic vitamin D inadequacy. There is also a correlation between inadequate vitamin D levels and the amount of narcotic medication taken by chronic pain patients. Within the documentation available for review, there are no subjective complaints of diffuse pain, and there are no documented objective findings of multiple areas of tenderness to palpation. Furthermore,

the requesting physician does not specifically indicate what findings are prompting the request for a vitamin D level. In the absence of such documentation, the currently requested Vitamin D level (quantity 1) is not medically necessary.