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| Case Number: | CM14-0150195 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 05/04/2013 |
| Decision Date: | 12/02/2014 | UR Denial Date: | 09/11/2014 |
| Priority: | Standard | Application Received: | 09/15/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 63-year-old male who reported an injury on 05/04/2013 while working in a medical triage unit at a prison when the injured worker was attacked by an inmate. The injured worker complained of neck and upper back pain. The diagnoses included a cervical sprain/strain, thoracic sprain/strain, displacement of cervical intervertebral disc without myelopathy, Posttraumatic Stress Disorder (PTSD), and headaches. Past treatments included psychotherapy, a TENS unit, a home exercise program, and medication. The diagnostics included an MRI of the brain. The physical examination of the cervical spine dated 08/28/2014, revealed flexion of 30 degrees with mild neck discomfort, extension of 30 degrees with pain to the right, +2 spasms and tenderness to the right side of the upper back, 3-4 spasms to the right side of the neck, with 2/4 tenderness, 2/4 spasm, and tenderness to the left side of the neck. The injured worker had good grip strength. The medications included gabapentin, Cyclobenzaprine, Omeprazole, ibuprofen, and Naproxen. The treatment plan included lab work, medication, and acupuncture. The Request for Authorization dated 09/18/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Free & total testosterone QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for free & total testosterone QTY: 1.00 is not medically necessary. The California MTUS guidelines note 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. Per the provided documentation, the injured worker had low testosterone, which he has been receiving treatment for since 2012. Within the documentation, the results of any prior laboratory monitoring were not provided; therefore, it is unclear when laboratory monitoring was last performed, as well as the results of the prior laboratory monitoring. As such, the request is not medically necessary.

Free T3 & T4 Reverse T3 QTY: 1.00: 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 Labtestsonline.org, T3 & T4, Online database.

Decision rationale: The request for free T3 & T4 reverse T3 QTY: 1.00 is not medically necessary. LabTestsOnline.org states a T3 test is used to assess thyroid function. It is ordered primarily to help diagnose hyperthyroidism and may be ordered to help monitor the status of a person with a known thyroid disorder. The T3 test is usually ordered following an abnormal TSH and T4 test. Either the total T3 or the free T3 may be ordered. LabTestsOnline.org states free thyroxine (free T4) tests are used to help evaluate thyroid function and diagnose thyroid diseases, including hyperthyroidism and hypothyroidism, usually after discovering that the thyroid stimulating hormone (TSH) level is abnormal. The injured worker had signs of anxiety and difficulty sleeping which were attributed to the attack he had. There is no documentation indicating the injured worker underwent TSH testing which revealed abnormal values indicative of thyroid dysfunction. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.

TSH QTY: 1.00: 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 Labtestsonline.org, TSH, Online database.

Decision rationale: The request for TSH QTY: 1.00 is not medically necessary. LabTestsOnline.org states TSH testing is used to diagnose a thyroid disorder in a person with

symptoms, monitor thyroid replacement therapy in people with hypothyroidism, monitor anti-thyroid treatment in people with hyperthyroidism, help diagnose and monitor infertility problems in women, help evaluate the function of the pituitary gland (occasionally), and screen adults for thyroid disorders. TSH testing is recommended when patients have symptoms which suggest thyroid dysfunction. The injured worker had signs of anxiety and difficulty sleeping which were attributed to the attack he had. The injured worker noted his weight loss and anxiety were a direct result of the reported injury. There is a lack of documentation indicating the injured worker has symptoms which demonstrate thyroid dysfunction. The requesting physician's rationale for the request is not indicated within the provided documentation. As such, the request is not medically necessary.

Acupuncture (visits) QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture visits QTY: 6.00 are not medically necessary. The California MTUS Guidelines indicate that acupuncture is used as an option when pain medication is reduced or not tolerated, and it must be used in adjunct to physical rehabilitation and/or surgical intervention to hasten the functional recovery. The frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as a following. The time to produce functional improvement is 3 to 6 treatments with a frequency of 1 to 3 times per week and an optimum duration of 1 to 2 months. The clinical notes did not support that the injured worker had reduced or not tolerated his medication. Guidelines indicate acupuncture should be used with physical rehabilitation which was not evident in the documentation or a surgical intervention to hasten recovery, which was not evident in the documentation. The request did not address the body part for the acupuncture. As such, the request is not medically necessary.

Zolpidem 10mg QTY: 30.00: 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)

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, Ambien

Decision rationale: The request for Zolpidem 10 mg QTY: 30.00 are not medically necessary. The Official Disability Guidelines state that Zolpidem is a prescription short acting non-benzodiazepine hypnotic which is approved for the short term, usually 2 to 6 weeks, treatment of insomnia. Zolpidem is in the same drug class as Ambien. Proper sleep hygiene is critical in the individual with chronic pain and often is hard to obtain. Various medications may provide short term benefits. While sleeping pills, so called minor tranquilizers and antianxiety agents are

commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and they may impair function and memory more than opiate pain relievers. There is also concern that they may increase the pain and depression over the long term. Cognitive behavioral therapy should be an important part of the insomnia treatment plan. The documentation revealed that the injured worker had been taking the Zolpidem in a clinical note dated 08/28/2014 and again in the clinical notes dated 09/04/2014 with a request for an additional 30 tablets, which exceeds the recommended guidelines. The request did not address the frequency. As such, the request is not medically necessary.

Retro: Cyclobenzaprine 7.5 mg QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: The request for retro: cyclobenzaprine 7.5 QTY: 60.00 are not medically necessary. The California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The great effect of the medication is in the first 4 days of treatment, suggesting that the shorter course may be better. Treatment should be brief. The injured worker has been prescribed cyclobenzaprine since at least 07/2014. Continued use of the medication would exceed the Guideline recommendation for a short course of treatment. The medical records lacked documentation of significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at which the medication is prescribed. As such, the request is not medically necessary.

Retro: Omeprazole 20mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines GI Symptoms & Cardiovascular Risk Page(s): page(s) 68..

Decision rationale: The request for retro: omeprazole 20 mg QTY: 60.00 are medically necessary. The California MTUS guidelines recommend the use of a proton pump inhibitor for patients at intermediate risk for gastrointestinal (GI) events with no cardiovascular disease and patients at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note patients at risk for gastrointestinal events include patients over 65 years of age, patients with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple non-steroidal anti-inflammatory drugs (NSAIDs)(e.g., NSAID + low-dose ASA). The documentation did not indicate the injured worker had gastrointestinal symptoms and it is unclear if the injured worker has had a history of peptic ulcer, gastrointestinal bleed, or perforation. Therefore, this request is not medically necessary.

Retro: TENS patches QTY: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS, Page(s): 116..

Decision rationale: The request for retro: TENS patches QTY: 2.00 are not medically necessary. The California MTUS guidelines note the use of TENS is not recommended as a primary treatment modality. A one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for patients with neuropathic pain, complex regional pain syndrome (CRPS) II, CRPS I, spasticity, and/or multiple sclerosis. Prior to a one month trial the guidelines recommend there must be documentation of pain of at least three months duration and there should be evidence that other appropriate pain modalities have been tried (including medication) and failed. There is a lack of documentation demonstrating the injured worker has a TENS unit which is effective in reducing the injured worker's pain and is effective in improving his functional ability when used in combination with active exercise. Therefore, the request for TENS patches is not medically necessary.