

Case Number:	CM14-0173649		
Date Assigned:	10/24/2014	Date of Injury:	06/07/2012
Decision Date:	12/04/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/21/2014

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 48 year old who incurred an injury to his thoracolumbar spine while at work on 6/7/12 when he was lifting 100 pound boxes over his head and felt a sharp lower back pain. According to the provided medical records he has been diagnosed with thoracolumbar pain syndrome, thoracic compression fractures at T6-7 and T9-12, bilateral posterior leg pain, disc herniation at T11-12, right neural foraminal stenosis at L5-S1 and multiple levels of disc and facet degeneration. According to neurospine referral on 7/24/14 was significant for sagittal imbalance but there was no evidence of lumbar canal stenosis. Plan is to recommend EMG studies and referral to pain clinic. Laboratory testing on 3/21/13 showed mild decrease in total testosterone to 207 ng/dl (250-1100) and free testosterone to 11.1 (35-155). Repeat testing on 4/21/14 total testosterone was 837 and free was 76.8 pg/ml. Clinical record from endocrinologist consult regarding initiation of testosterone replacement and clinical reasoning was not found in the reviewed records. On 4/30/13 the patient had a transforaminal epidural block at L4 and L5 for lumbar radiculitis. Lumbar MRI on 11/26/13 showed multilevel degenerative changes most pronounced at L4-5 and L5-S1. CT lumbar spine on 3/20/14 showed mild degenerative changes of the lumbar spine. The patient underwent an agreed medical evaluation on 8/13/14; the reviewing physician opined that the patient requires continued chronic pain medications, SI joint block and psychiatric pain evaluation. Evaluation by prescribing physician on 10/2/14 states that his lower back pain with medication ranges from 4-9/10. His right leg is very weak and he has severe right sided posterior leg pain. On exam there is tenderness along entire spine and muscle spasm and limited range of motion. He is given an injection of 60mg of ketorolac. Impressions are chronic thoracolumbar pain syndrome, thoracic compression fractures at T6-7 and T9-12, bilateral posterior leg pain, disc herniation at T11-12, right neural foraminal stenosis at L5-S1

and multiple levels of disc and facet degeneration. The provider notes that the patient reports "great benefit" from taking Tizanidine 4mg for chronic muscle spasticity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tizanidine 4mg, #60 --: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, muscle relaxants such as tizanidine are supported as a second-line option for the short-term management of acute exacerbation in patients with chronic lower back pain. Consequently continued chronic around the clock usage to treat muscle spasm in this patient with chronic lower back pain is not supported by the MTUS guidelines. Additionally there is limited literature to suggest that long-term use of muscle relaxants provides any substantial benefit as efficacy diminished over time. According to the reviewed records the patient continued to have findings of muscle spasm with no evidence of functional improvement with prior prescription of tizanidine.

MSIR 30mg, #240 --: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain.

Decision rationale: The patient has been treated chronically with short acting opioid morphine sulfate. According to the cited guidelines, short acting opioids may be appropriate as a second or third line adjuvant treatment in chronic pain. However dosage guidelines recommend limiting total dosage to 120 MED. The current prescription of 30 mg 8 times daily equates to morphine equivalent dosage of 240mg which is twice above the recommended upper limit. This increases the risk of diversion, dependence, tolerance, abuse and adverse drug affects including hypogonadism which the patient is currently being treated for. Consequently the UR decision of modified approval to wean down current dosage is appropriate and request for #240 of 30mg MSIR is not supported.

Topamax 100mg, #60 -: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AED) Page(s): 16-21.

Decision rationale: Antiepilepsy drugs such as topiramate are recommended for neuropathic pain due to nerve damage. According to MTUS guidelines, topiramate has been shown to have variable efficacy with failure to demonstrate efficacy in neuropathic pain of "central" etiology. Nevertheless, topiramate "is still considered for use for neuropathic pain when other anticonvulsants fail" as cited in the MTUS guidelines. The patient has not had any reported side effects on topiramate and according to the treatment records he records improvement of both radicular symptoms and functional capacity (ability to sit and do light chores) with the current dosage. Consequently continued use appears appropriate and consistent with the cited guidelines.

Testosterone 200mg/MI Injection #3 -: 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 Page(s): 110.

Decision rationale: According to MTUS guidelines testosterone replacement is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone level. According to the review of the medical records the last abnormal testosterone laboratory was in 2013 and that level was borderline low. According to MTUS guidelines testosterone replacement should be performed by a physician special knowledge in the field. Additionally testosterone replacement is indicated when there are clinical symptoms of hypogonadism. I did not see reported symptoms of hypogonadism in the record. Additionally, once the patient is weaned down to a lower dosage of MS, there is a good likelihood that the patient's low testosterone levels will correct themselves. For the above listed reasons testosterone injections are not supported by the cited guidelines.