

Case Number:	CM14-0024633		
Date Assigned:	06/11/2014	Date of Injury:	09/23/2009
Decision Date:	08/13/2014	UR Denial Date:	02/22/2014
Priority:	Standard	Application Received:	02/26/2014

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, and is licensed to practice in California and Washington. 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 54-year-old male who reported an injury on 9/23/09; the mechanism of injury was a motor vehicle accident. Prior treatments included epidural spinal injection, heat treatment, ice treatment, massage therapy, physical therapy, and a TENS unit. Conservative care failed to alleviate symptoms of neck pain with radiating arm pain. The injured worker received an anterior cervical discectomy with fusion at C3-C7 on 11/8/09. The injured worker did not attempt post-surgical physical therapy; there was no change in symptoms. The injured worker underwent bilateral posterior cervical foraminotomy at C3-C7, posterior cervical fusion C3-C4 with posterior iliac crest bone graft, pedicle and lateral mass screws at C3-C4 on 3/8/12. X-rays were taken of the cervical myelogram as was a CT of the cervical spine on 2/26/13. The injured worker's medication regimen included MS Contin, Norco, Neurontin, Ibuprofen, Senokot, Simvastatin, and Lisinopril/Hydrochlorothiazide. The final clinical note dated 2/11/14 noted the injured worker reported a decrease in pain to 6/10 to the neck, thoracic spine, and bilateral shoulders as compared to the pain reported at the 1/14/14 office visit, where he reported pain rated 7/10. The injured worker admitted this drop in pain was due to taking more Norco than prescribed. The physician diagnosed the injured worker with other constipation, intervertebral disc disorder with myelopathy not otherwise specified, chronic pain syndrome, pain in the thoracic spine, cervical radiculitis, and postsurgical laminectomy. The treatment plan included recommendations to continue hot and cold therapy, no change in medications, and lab tests including a urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The California MTUS guidelines recommend ongoing management of patients taking opioid medications should include routine office visits and detailed documentation of the extent of pain relief, functional status in regard to activities of daily living, appropriate medication use and/or aberrant drug taking behaviors, and adverse side effects. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation indicates there was a drop in pain from the office visit on 1/14/14 to the office visit on 2/11/14. The documentation submitted for review indicated the injured worker's pain was rated 6/10 to the neck which was a decrease from an earlier reported level of 7/10 on 1/14/14. There is no documentation indicating when the injured worker last underwent urine drug screening. The injured worker did admit to taking more Norco than what is daily prescribed to help control pain. The physician noted within an earlier clinical note, the rationale for giving Norco along with MS Contin was the assumption the MS Contin would be declined for use for the injured worker. There is a lack of documentation indicating the injured worker has experienced significant functional improvement and a reduction in pain as a result of Norco. Urine drug screens were not annotated. The level of pain reduction, the onset of pain reduction and duration of pain reduction with medication was not documented. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, the request is not medically necessary.

TESTOSTERONE LABORATORY TEST: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

Decision rationale: The California MTUS guidelines note 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 such as gynecomastia. Within the provided documentation the physician did not indicate the injured worker has a diagnosis of hypogonadism related to opioids, or signs and symptoms which indicate the presence of low testosterone. There is no indication that the injured worker is

currently utilizing testosterone replacement which would need to be monitored. As such, the request is not medically necessary.