MAXIMUS Federal Services

Case Number:	CM14-0025990		
Date Assigned:	06/13/2014	Date of Injury:	03/30/2009
Decision Date:	07/23/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/28/2014

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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 39-year-old male who reported an injury on 03/30/2009. The mechanism of injury was not provided. Prior therapies included physical therapy and chiropractic care. The documentation of 01/22/2014 revealed the injured worker was utilizing Norco 10/325 mg tablets 1-2 tablets every 3 hours as needed for pain with a maximum of 8 per day, quantity 240 tablets with 1 refill; AndroGel 20.25 mg/1.25 g (1.62%) transdermal gel pump, apply 6 pumps every day by transdermal route for 30 days, quantity three 75 g bottles, refills x 5; Lidoderm 5% adhesive patches, apply 1 patch every day by transdermal route for 30 days, quantity 30 patches, refills x 5; DSS 250 mg capsules 1 capsule twice a day by mouth for 30 days, quantity 60, refill x 5; Cialis 20 mg tablets take 1 tablet by mouth 1 hour prior, quantity 20 tablets, refills x 5; and Baclofen 10 mg 1 tablet 3 times a day by oral route x 30 days, quantity 90, refills x 5. Diagnoses included psychalgia, displacement of lumbar intervertebral disc without myelopathy, degeneration of intervertebral disc, anxiety state, and disorder of bursa of shoulder region, depressive disorder, and shoulder joint pain. It was indicated the injured worker was taking Baclofen 10 mg for the treatment of complaints. The injured worker indicated the medication provided a 50% decrease in pain and spasms. The adverse side effect was noted to be sedation; however, the injured worker took it at night. It was indicated that the injured worker was in the maintenance phase of Norco 10/325. The injured worker reported a 75% decrease in pain and no adverse side effects. It was indicated the injured worker utilized the Lidoderm patches to the low back or left shoulder with 50% relief, AndroGel was for opioid induced hypogonadism, and Cialis was for pain related sexual dysfunction. It was indicated the injured worker had started the medication AndroGel in 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 MG QUANTITY 240 WITH ONE REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, , ongoing management Page(s): 60; page 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had a 75% decrease in pain, and had no adverse side effects; however, there was a lack of documentation of objective functional improvement. The duration of use could not be established through the submitted documentation. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Therefore, given the above, the request for Norco 10/325mg, #240, with 1 refill is not medically necessary.

ANDROGEL 20.25 MG/1.25 GRAM TRANSDERMAL GEL PUMP QUANTITY 3.75 GM BOTTLE WITH FIVE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ESTOSTERONE REPLACEMENT FOR HYPOGONADISM (RELATED TO OPIOIDS).

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

Decision rationale: The California MTUS Guidelines recommend testosterone replacement for hypogonadism related to opioids. Routine testing of testosterone levels in men taking opioids is not recommended. However, an endocrine evaluation and/or testosterone level should be considered in men who are taking long term high dose oral opioids. The duration of use was since 2012. There was a lack of documentation of efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 5 refills. Therefore, given the above, the request for AndroGel 20.25 mg/1.25g transdermal gel pump quantity 3.75 g bottle with 5 refills is not medically necessary.

DSS (DOCUSATE SODIUM) 250 MG QUANTITY 60 WITH FIVE REFILLS: 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 Initiation of Opioid Therapy Page(s): 77.

Decision rationale: California MTUS recommends that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The duration of use could not be established through the supplied documentation. There was lack of documentation indicating the duration of use. There was lack of documentation indicating the necessity for 5 refills. There was lack of documentation indicating the injured worker had signs or symptoms of constipation. The request as submitted failed to indicate the frequency for the requested medication. Therefore, given the above, the request for DSS (docusate sodium) 250 mg, quantity 60, with 5 refills is not medically necessary.

CIAILIS 20 MG QUANTITY 20 WITH FIVE REFILLS: 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 hygonadism related to opioids Page(s): 110.

Decision rationale: The California MTUS Guidelines recommend testosterone replacement for hypogonadism related to opioids. Routine testing of testosterone levels in men taking opioids is not recommended. However, an endocrine evaluation and/or testosterone level should be considered in men who are taking long term high dose oral opioids. There was a lack of documentation of efficacy for the requested medication. The duration of use could not be established. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 5 refills. Therefore, given the above, the request for Cialis 20 mg, quantity 20, with 5 refills is not medically necessary.

BACLOFEN 10 MG QUANTITY 90 WITH FIVE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of muscle spasms. The clinical documentation submitted for review indicated the injured worker had utilized the medication and received relief from the medication. However, there was a lack of documentation of the duration of use. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 5 refills without re-evaluation. Therefore, given the above, the request for Baclofen 10 mg, quantity 90, with 5 refills is not medically necessary.

LIDODERM 5% ADHESIVE PATCH QUANTITY 30 PATCHES WITH FIVE REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): page 56, 57.

Decision rationale: California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There was lack of documentation indicating the duration of use. There was a lack of documentation indicating objective functional benefit that was received from the medication. The duration of use could not be established through the supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 5 refills without re-evaluation. Therefore, given the above, the request for Lidoderm 5% adhesive patch, quantity 30 patches, with 5 refills is not medically necessary.