

Case Number:	CM14-0031092		
Date Assigned:	06/20/2014	Date of Injury:	10/07/2010
Decision Date:	07/24/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/12/2014

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 Louisiana. 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 65 year old male who was injured on 10/07/2010. He experienced abrupt onset of low back pain and pain in the left knee while getting out of a truck. Prior treatment history has included Norco 10/325, Flexeril 10 mg, Dilaudid 4 mg, Ambien 10 mg nightly p.r.n. and Androderm 4 mg. Prior treatment history has included transforaminal epidural steroid injection which was very helpful. Pain management follow up report dated 02/05/2014 states the patient complained of severe low back pain and bilateral radiculopathy, left greater than right. He rated his pain at 6/10 and leg pain at 5/10. He has been using Androderm for 3 years and no recent lab work for serum testosterone. On exam, deep tendon reflexes are 1+ and equal at the patella and ankles. There is weakness in the right hip flexors at 3/5. There is tenderness to palpation at the lumbar paraspinal muscles. There is aching and stabbing pain at the posterior left leg and the gastrocnemius. Diagnoses are lumbar spondylosis, lumbar radiculopathy, left degenerative disk disease, pain the low back and lumbar degenerative disk disease. It is recommended that the patient receive a transforaminal epidural steroid injection at the L3 and L5 nerves, Norco 10/325 and Dilaudid 4 mg. Also, lab testing for serum testosterone is requested. Prior utilization review dated 02/27/2014 states the request for Androderm 4 mg #60 was not certified as there is no proper documentation to support this request and hydrocodone/APAP 10/325 MG #240 was partially certified to 5/325 mg #40 for tapering purposes. Pain management follow up report dated 02/05/2014 states the patient complained of severe low back pain and bilateral radiculopathy, left greater than right. He rated his pain at 6/10 and leg pain at 5/10. He has been using Androderm for 3 years and no recent lab work for serum testosterone. On exam, deep tendon reflexes are 1+ and equal at the patella and ankles. There is weakness in the right hip flexors at 3/5. There is tenderness to palpation at the lumbar paraspinal muscles. There is aching and stabbing pain at the posterior left leg and the gastrocnemius. Diagnoses are lumbar

spondylosis, lumbar radiculopathy, left degenerative disk disease, pain the low back and lumbar degenerative disk disease. It is recommended that the patient receive a transforaminal epidural steroid injection at the L3 and L5 nerves, Norco 10/325 and Dilaudid 4 mg. Also, lab testing for serum testosterone is requested. Prior utilization review dated 02/27/2014 states the request for Androderm 4 mg #60 was not certified as there is no proper documentation to support this request and hydrocodone/APAP 10/325 MG #240 was partially certified to 5/325 mg #40 for tapering purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANDRODERM 4 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement Page(s): 110-111.

Decision rationale: CA MTUS states that testosterone replacement for hypogonadism related to opioids is recommended in limited circumstances for patients taking high dose long term opioids with documented low testosterone levels. The medical records reviewed do not support this request as a baseline testosterone levels were not documented. This request is not medically necessary.

HYDROCODONE/APAP 10/325 MG #240: 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 Opioids Page(s): 74-96.

Decision rationale: MTUS recognizes opioid for moderate to moderate / severe pain. Long term use of this medication is not recommended. MTUS Guidelines recommends 5/500mg PO every 4 to 6 hours. This patient has been on opioid based medication for a long period and the guidelines recommend tapering the patient off this medication as soon as possible. The request is outside the recommended dosage and as such this request is not medically necessary.