

Case Number:	CM14-0032237		
Date Assigned:	06/20/2014	Date of Injury:	11/02/2005
Decision Date:	07/17/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/13/2014

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 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 injured worker is a 50-year-old male who reported an injury on 11/02/2005 with the mechanism of injury not cited within the documentation provided. In the clinical note dated 01/29/2014, the injured worker complained of low back pain and lumbar complaints. It was noted that the injured worker rated his pain level status as a 3/10 and had benefited with the use of medications. Prior treatments included surgeries, diagnostic studies, medications and injections. The injured worker's prescribed medication regimen included topical analgesics, diltiazem, ibuprofen, lisinopril and Norco 5/325. Within the review of systems, it was noted that the injured worker had difficulty sleeping with no breathing difficulties. It was also noted there were no genitourinary symptoms. The neurologic/psychiatric examination revealed all within normal limits with the exception of a positive straight leg rise to the left side. The assessment included a knee effusion, post-traumatic degenerative joint disease to the bilateral knees and status post fusion with benefit for axial back pain. Numerous diagnostic studies were annotated within this clinical documentation. The treatment plan included the continuation of medications as listed, a request for a sleep study and ongoing testosterone replacement as well as continuation of followups with the injured worker's Primary Care Provider (PCP) and injections to the injured worker's knee. The Request for Authorization for a sleep study and ongoing testosterone replacement with rationale was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sleep study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schutte-Rodin, S., L. Broch, et al. (2008). "Clinical guideline for the evaluation and management of chronic insomnia in adults." J Clin Sleep Med 4(5): 487-504.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Polysomnography.

Decision rationale: The request for a sleep study is not medically necessary. The Official Disability Guidelines (ODG) state that polysomnography is recommended after at least 6 months of insomnia complaint (at least 4 nights a week), unresponsive to behavioral intervention and sedative/sleep-promoting medications, and after psychiatric etiology has been excluded. The criteria for the indication of a sleep study include excessive daytime somnolence, cataplexy, morning headache, intellectual deterioration (sudden, without suspicion of organic dementia, personality change (not secondary to medication, cerebral mass or known psychiatric problems), sleep-related breathing disorder or periodic limb movement disorder are suspected. A sleep study for the sole complaint of snoring without one of the above-mentioned symptoms is not recommended. Sleep studies are not recommended for the routine evaluation of transient insomnia, chronic insomnia or insomnia-associated with psychiatric disorders. In the clinical notes provided for review, there is a lack of documentation of the injured worker complaining of insomnia for an extended amount of time. There is also a lack of documentation of evidence suggested by the guidelines, such as excessive daytime somnolence, morning headache or a sleep-related breathing disorder. Furthermore, there is a lack of documentation of the injured worker being unresponsive to behavior interventions and sedative/sleep-promoting medications. Therefore, the request for a sleep study is not medically necessary.

Ongoing testosterone replacement from the treatment plan in PR2 dated 1.29.2014: 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): 110.

Decision rationale: The request for ongoing testosterone replacement from the treatment plan in the PR-2 dated 01/29/2014 is not medically necessary. The California MTUS Guidelines state that testosterone replacement is recommended in limited circumstances for injured workers taking high dose, long-term opioids with documented low testosterone levels. 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 or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia. If needed, testosterone replacement should be done by a physician with special knowledge in this field given the potential side effects, such as hepatomas. In the clinical notes provided for review, there is a lack of documentation of the injured worker having signs and

symptoms of hypogonadism or gynecomastia. There is also a lack of evidence to support the indication for ongoing testosterone replacement, such as previous high dose use of opioids or supporting evidence of an endocrine evaluation. Therefore, the request for ongoing testosterone replacement from the treatment plan in the PR-2 dated 01/29/2014 is not medically necessary.