

Case Number:	CM14-0036869		
Date Assigned:	06/25/2014	Date of Injury:	02/26/2008
Decision Date:	07/25/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/26/2014

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 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 49 year old male who was in a motor vehicle accident in February 2008. The injured worker injured his neck, back, left shoulder, and left elbow. The injured worker underwent a discectomy and fusion at L4-L5 on 02/16/12. On progress note dated 05/08/14, the injured worker continues to have pain in the neck and low back. Medications are significantly helpful. His pain levels are about an 8/10 before medications but with medications he can get it down to about a 3-4/10 on the visual analog scale (VAS). The only side effect he gets is some constipation. The injured worker takes Colace for that. The injured worker gets headaches but the oral Imitrex and injectable Imitrex are significantly helpful, keeping his headaches at bay, and allowing him to work. The injured worker has also noticed a huge difference from the testosterone injection. At the end of the work day, he was really feeling kind of weak in the legs and more pain and having difficulty getting through the work day. Energy levels are much better and sustained. It has also helped his mood. The injured worker is less depressed. That along with Effexor help his mood. Physical examinations indicates that he has a normal gait. The injured worker is tender at the left paracervical spine and has muscle tension and spasms up around the left scapula. Diagnoses, chronic low back pain, right greater than left radicular pain. Status post discectomy and fusion at L4-L5 on 02/16/12, chronic low back and left hip pain. Chronic neck pain, no significant radicular pain. Prior industrial injury to the low back in 2001. Prior history of bilateral arthroscopic surgeries. Hypogonadism secondary to chronic narcotic use. MRI from July of 2006 show degenerative changes at L4-L5 with left paracentral disc protrusion. MRI from July of 2006 showed cervical spine showed right side disc protrusion at C4-C5 and mild disc bulge at C3-C4 and spondylosis at C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Testosterone Injectable times (6) and Imitrex oral #18 a month and Injectable #6 a month: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation 2010 Revision, Web Edition; Official Disability Guidelines: Chapter Pain, Chapter Headaches, Web Edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans, Pain Testosterone replacement for hypogonadism (related to opioids).

Decision rationale: The request for Pharmacy purchase of Testosterone Injectable times 6 and Imitrex oral #18 a month and Injectable #6 a month are medically necessary. The injured worker has had functional improvement with their prescribed medications. The injured worker gets headaches but the oral Imitrex and injectable Imitrex are significantly helpful, keeping his headaches at bay, and allowing him to work. The injured worker has also noticed a huge difference from the testosterone injection. At the end of the work day, the injured worker reports weakness in both legs and more pain and having difficulty getting through the work day and now, energy levels are much better and sustained due to injections. As such, medical necessity has been established based on Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.