

Case Number:	CM14-0038919		
Date Assigned:	08/01/2014	Date of Injury:	02/25/2001
Decision Date:	09/09/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/02/2014

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 Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 61-year-old male who reported an injury on 02/25/2001. The mechanism of injury was not specifically stated. Current diagnoses included status post lumbar interbody fusion with removal of hardware, bilateral lower extremity radiculopathy, reactionary depression/anxiety, revision of lumbar fusion for repair of pseudoarthrosis, medication induced gastritis, status post gastric bypass, spinal cord stimulator implant, medication induced sexual dysfunction, erectile dysfunction, hypertension, and congestive heart failure. The latest Physician's Progress Report submitted for this review is documented on 03/25/2014. The injured worker presented with complaints of persistent lower back pain with radiation into the bilateral lower extremities. It is noted that the injured worker reported 50-60% improvement with a spinal cord stimulator. Physical examination revealed mild distress, tenderness to palpation of the lumbar spine, muscle rigidity, numerous trigger points, decreased range of motion, decreased sensation in the left L5-S1 dermatomes, positive straight leg raising, and diminished reflexes on the left. The current medication regimen includes Norco, Ultram ER, Soma, Neurontin, Anaprox, Prozac, Effexor XR, lisinopril, vitamin B-12, and Halcion. Treatment recommendations at that time included continuation of the current medication regimen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Androderm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation medrxlist.com.

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

Decision rationale: The California MTUS Guidelines state 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. As per the documentation submitted, the injured worker does currently utilize opioid medication. However, the latest total testosterone level was collected on 01/31/2012. There was no documentation of any recent laboratory studies. There was also no strength, frequency, or quantity listed in the request. As such, the request for Androderm is non-certified.

Lidoderm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 117-118.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy. There is no documentation of a failure to respond to first line oral medication. There is also no strength, frequency, or quantity listed in the request. As such, the request for Lidoderm is non-certified.

Halcion: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines state benzodiazepines are not recommended for long-term use, because long-term efficacy is unproven and there is a risk of dependence. There is no strength, frequency, or quantity listed in the request. As such, the request for Halcion is non-certified.

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-88.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication for an unknown duration. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request for Norco 10/325mg, #180 is non-certified.

Prilosec 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69..

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the request. As such, the request for Prilosec 20mg, #60 is non-certified.

Prozac #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 14-15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRI's (selective serotonin reuptake inhibitors) Page(s): 107.

Decision rationale: The California MTUS Guidelines state SSRI's (selective serotonin reuptake inhibitors) are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. The injured worker does maintain a diagnosis of depression. However, there is no strength or frequency listed in the request. As such, the request is non-certified.