

Case Number:	CM14-0043221		
Date Assigned:	07/02/2014	Date of Injury:	09/09/2006
Decision Date:	08/20/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/10/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 66-year-old with a reported date of injury dated 09/06/2006, which occurred when he was struck while test-driving a motorcycle by another vehicle. The patient has the diagnoses of posttraumatic stress disorder (309.81), unspecified chest pain (786.50), injury to bronchus without open wound into cavity (862.21), and motor vehicle traffic accident of unspecified nature injury (E819.2). Progress notes provided by the primary treating physician dated 03/17/2014 states the patient has complaints of somnolence and fatigue. The patient had recently started Prozac but has not noticed much difference but a slightly better mood. Physical exam noted moderately decreased lung sounds in the right lung with increased percussive sounds on the right. Treatment plan consisted of continuation of exercise program and pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laboratory studies: testosterone labs due to chronic narcotic use: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practical Pain Management TRIUS trials.

Decision rationale: The California MTUS chronic pain medical treatment guidelines, the ACOEM and the ODG do not address the subject of testosterone testing in patients who have long-term use of narcotic pain medication as part of their treatment. Opioid induced androgen deficiency (OPIAD) is a recognized condition characterized by the inappropriately low levels of gonadotropins leading to the inadequate production of sex hormones, particularly testosterone. Symptoms that may manifest in patients with OPIAD include decreased libido, erectile dysfunction, fatigue, depression and hot flashes. While the literature on OPIAD remains limited, it is apparent that is becoming more prevalent among chronic opioid users. There are no set guidelines or recommendation as to when to test for the syndrome. The journal of practical pain management recommends that all chronic pain patients who require opioid treatment should be screened. There recommendation do not specify after how long of treatment screening should be implemented. The recommendations do specify that patients who are currently in opioid treatment and who complain of lethargy, inadequate pain control, depression, weakness and lack of libido are obvious candidates for screening. This patient is on chronic Norco, which is an opioid as has documented symptoms of depression, somnolence and fatigue. While there are no clear-cut recommendations to address this request, it seems reasonable based on the patient's symptoms, the clinical recognition of OPIAD as a recognized syndrome and pain management journals recommendations that the request should be medically necessary.