

Case Number:	CM14-0054527		
Date Assigned:	07/07/2014	Date of Injury:	11/18/2010
Decision Date:	09/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/23/2014

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, has a subspecialty in Interventional Spine 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 patient is a 32 year old with an injury date on 11/18/10. Patient complains of chronic pain in upper/lower thoracic part of his back, right hip pain, and some pain into right lower extremity, pain rated 8/10 per 4/2/14 report. Patient was placed on Nucynta, then Oxymorphone, changed to Oxycodone and lastly Fentanyl patches which have been helpful per 4/2/14 report. Based on the 4/2/14 progress report provided by [REDACTED] the diagnoses are, chronic pain syndrome, postlaminectomy syndrome, thoracic region, persistent disorder of initiating or maintaining sleep, depressive disorder, not elsewhere classified injury, other and unspecified, knee, leg, ankle, and foot, decreased libido, Exam on 4/2/14 showed "negative straight leg raise. Lumbar range of motion restricted/painful. Patient can flex L-spine forward and touch to his upper tibia. Unable to stand on toes on right." [REDACTED] is requesting Norco 10/325mg #60, and Lab: CBC (Complete Blood Count) with differential platelet DSA, hepatic panel, and testosterone. The utilization review determination being challenged is dated 4/11/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/12/13 to 4/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

Decision rationale: This patient presents with thoracic spine pain, right hip pain, and right leg pain. The treater has asked for Norco 10/325mg #60 on 4/2/14. Review of the report shows patient has been taking Norco since 11/12/13. Patient denies side effects, and does not display drug-seeking behaviors per 4/2/14report. For chronic opioids use, MTUS guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side affects, and aberrant drug-seeking behavior. Review of the included reports do not discuss opiates management. There is a discussion of the drug seeking behavior and side effects, but no specific documentation regarding pain and function related to the use of Norco. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, recommendation is for denial.

Lab: CBC with differential/platelet, PSA, hepatic panel, and testosterone: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC, CPT Procedure Code Index "8" CPT CodesPathology and LaboratoryOther Medical Treatment Guideline or Medical Evidence:Aetna considers the diagnosis and treatment of erectile dysfunction (impotence) medically necessary according to the criteria outlined below.

Decision rationale: This patient presents with thoracic spine pain, right hip pain, and right leg pain. The provider has asked for Lab: CBC with differential platelet DSA, hepatic panel, and testosterone on 4/2/14. Provider has made this request under the heading: "decreased libido" per 4/2/14 report. Review of the reports show that on 1/13/13 the patient's testosterone level was 379 (typically 270-1070 levels for adult male), with free testosterone at 12.6 per 11/12/13 report. MTUS, ACOEM and ODG do not discuss erectile dysfunction or libido issues, and AETNA guidelines are consulted. AETNA supports CBC, hepatic panel and testosterone level testing for erectile dysfunction. However, in this patient, testosterone level was already tested with normal findings. The provider does not describe erectile dysfunction but lack of libido. The provider does not provide any discussion regarding other potential causes of libido such as chronic pain, lack of exercise/activities, depression, etc. It does not appear a repeat testosterone level is required and for libido issues, there is no guidelines discussion for requiring basic labs. therefore, the request is not medically necessary.