

Case Number:	CM14-0056768		
Date Assigned:	07/09/2014	Date of Injury:	04/12/1996
Decision Date:	12/08/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/28/2014

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 Internal medicine and is licensed to practice in Maryland. 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 employee was a 44 year old male with a date of injury of 04/12/1996. On 04/12/1996, he was working, walking backward, when he tripped over a check wire and fell backward. His history was significant for lumbar surgery x 3. The MRI of lumbar spine from 11/27/12 revealed postsurgical changes seen at L5-S1, with adequate central canal, narrowed neural foramina, disc dessication and small posterior central disc protrusion at L4-L5, appearing slightly less prominent than before. The thecal sac was mildly indented anteriorly. The neural formaina were mildly narrowed at this level. The clinical note from 03/14/14 was reviewed. Subjective complaints included back pain and lumbar complaints. Severity of condition was 8/10. Pain worsened with back flexion and extension, hip extension and flexion and lifting or standing. He also had radicular pain in right and left leg. Medications included Avinza 30mg 3 every 8 hours, Docusate 50mg 3 tablets daily, Norco 10-325mg 2 tablets every 4 hours, Viagra 100mg daily. Objective findings included difficulty with range of motion, tenderness across the lumbosacral area of the spine exacerbated by a straight leg raising test, good strength and sensory examination of 5/5. L5 dermatome demonstrated decreased light touch sensation on the left. Colace was used for opiate induced constipation. He was reportedly working 56 hours per week as of note in 2013. He was also noted to have significant decrease in libido and inability to obtain an erection or sustain an erection. Opiates are needed in order to work 40+ hours as a foreman with Cable Company.

IMR ISSUES, DECISIONS AND RATIONALES

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

Docusate Sodium 50 mg #90: 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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating therapy Page(s): 77.

Decision rationale: The employee was being treated for lumbar laminectomy syndrome. He was on Avinza, Docusate, Norco, Androgel and Viagra. His diagnoses included lumbar laminectomy syndrome, hypogonadism, opiate induced constipation and erectile dysfunction. He was supposedly working more than 40 hours a week in a cable company and was having ongoing pain. According to MTUS, Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated while on opiates. The employee was on Avinza and Norco. Hence the use of Colace is medically necessary and appropriate.

Avinza 30 mg #270: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue Opioids Page(s): 80.

Decision rationale: The employee was being treated for lumbar laminectomy syndrome. He was on Avinza, Docusate, Norco, Androgel and Viagra. His diagnoses included lumbar laminectomy syndrome, hypogonadism, opiate induced constipation and erectile dysfunction. He was supposedly working more than 40 hours a week in a cable company and was having ongoing pain. According to MTUS Chronic Pain Guidelines, two criteria have been proposed as most relevant for continuation of opioids in chronic pain: if patient has returned to work and if the patient has improved functioning and pain. The employee had ongoing back pain and radiculopathy symptoms. He was able to continue working despite his pain due to ongoing use of Avinza and Norco. In addition, he had UDS consistent with his prescriptions in September 2013. Eventhough, the provider has failed to document how he has improved with medications, it is clear that he is able to continue working despite his pain due to his medications from the surgical second opinion note. Accordingly the original UR noncertification is overturned. The requests for Norco and Avinza are medically necessary and appropriate.

Norco 10/325 mg #360: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids Page(s): 80.

Decision rationale: The employee was being treated for lumbar laminectomy syndrome. He was on Avinza, Docusate, Norco, Androgel and Viagra. His diagnoses included lumbar laminectomy syndrome, hypogonadism, opiate induced constipation and erectile dysfunction. He was supposedly working more than 40 hours a week in a cable company and was having ongoing pain. According to MTUS Chronic Pain Guidelines, two criteria have been proposed as most relevant for continuation of opioids in chronic pain: if patient has returned to work and if the patient has improved functioning and pain. The employee had ongoing back pain and radiculopathy symptoms. He was able to continue working despite his pain due to ongoing use of Avinza and Norco. In addition, he had UDS consistent with his prescriptions in September 2013. Eventhough, the provider has failed to document how he has improved with medications, it is clear that he is able to continue working despite his pain due to his medications from the surgical second opinion note. Accordingly the original UR noncertification is overturned. The requests for Norco and Avinza are medically necessary and appropriate.

Androgel #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism Page(s): 110.

Decision rationale: The employee was being treated for lumbar laminectomy syndrome. He was on Avinza, Docusate, Norco, Androgel and Viagra. His diagnoses included lumbar laminectomy syndrome, hypogonadism, opiate induced constipation and erectile dysfunction. He was supposedly working more than 40 hours a week in a cable company and was having ongoing pain. It is also noted that he had decreased libido, difficulty with initiating and maintaining erection and hypogonadism. He had been on Androgel since atleast 2012. There were no documented testosterone levels. According to MTUS Chronic Pain Guidelines, testosterone replacement is recommended for patients taking high dose long term opioids with documented low testosterone levels. Given the absence of documented low levels of testosterone, the ongoing replacement with Androgel is medically not necessary or appropriate.

DSS 250 mg #60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, initiating therapy Page(s): 77.

Decision rationale: The employee was being treated for lumbar laminectomy syndrome. He was on Avinza, Docusate, Norco, Androgel and Viagra. His diagnoses included lumbar laminectomy syndrome, hypogonadism, opiate induced constipation and erectile dysfunction. He was supposedly working more than 40 hours a week in a cable company and was having ongoing pain. According to MTUS, Chronic Pain Medical Treatment Guidelines, prophylactic treatment

of constipation should be initiated while on opiates. The employee was on Avinza and Norco. Hence the use of DSS is medically necessary and appropriate.