

Case Number:	CM14-0067861		
Date Assigned:	07/11/2014	Date of Injury:	06/01/2012
Decision Date:	09/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/12/2014

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 48-year-old male with a date of injury of 06/01/2012. The listed diagnoses per [REDACTED] are: 1. Cervicalgia. 2. Brachial neuritis or radiculitis. 3. Thoracic/lumbosacral neuritis/radiculitis. 4. Sprain/strain, shoulder, and upper arm. 5. Sprain/strain of wrist. 6. Neck strain/sprain. 7. Lumbar sprain/strain. 8. Strain/sprain of ribs. 9. Contusion of elbow. According to progress report 03/24/2014, the patient presents with neck, low back, and bilateral shoulder pain. The patient reports tingling and numbness in the bilateral hands, left greater than right. Low back pain is noted as frequent and radiates down bilateral thigh, leg, and foot. The patient noted on "Patient Comfort Assessment Guide" that his pain levels interfered with his general activities of living rated as 10/10, mood 10/10, normal work 10/10, sleep 10/10, enjoyment of life 10/10, ability to concentrate 10/10, and relations with other 10/10. The patient also suffers from migraine headaches which come and go 5 to 6 times per month. Planned course of treatment includes continuation of Percocet 10/325 mg #150 for pain, Soma 350 mg #90, Prilosec 20 mg #60, and "Testosterone 200 mg #10 mg Injection 1.5 ml IM weekly." Utilization review denied the requests on 05/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS on Long-term Opioid use, page 88-89.

Decision rationale: This patient presents with neck, low back, and bilateral shoulder pain. The treater is requesting a refill of Percocet 10/325 mg #150 to be taken 5 times daily for pain. Review of the medical file indicates the patient has been prescribed Percocet since 10/24/2013. The treater in his monthly progress reports, requests a refill of Percocet 10/325 mg #150 five times daily p.r.n. for pain. Page 78 of MTUS requires "Pain Assessment" that should include, "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's, adverse side effects and aberrant drug-seeking behavior. In this case, review of progress reports from 10/24/2013 through 03/24/2013 does not provide a discussion regarding specific functional improvement from taking chronic opioid. There are no outcome measures or return to work discussion with taking Percocet. Treater does discuss "Patient Comfort Assessment Guide" with pain levels for ADL, mood, work, sleep, enjoyment of life, ability to concentrate, and relations with others. However, there are no discussion of aberrant behavior, UDS, and no documentation of "Pain Assessment." Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Recommendation is for denial.

Soma 350mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS page 29:Carisoprodol (Soma).

Decision rationale: This patient presents with neck, low back, and bilateral shoulder pain. The treater requests a refill of Soma 350 mg #90. The MTUS page 63 regarding muscle relaxants states, "recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP." In this case, the medical records indicate the patient has been prescribed Soma since 10/24/2013. Muscle relaxants are recommended for short term use only. Recommendation is for denial.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk (MTUS pg 69).

Decision rationale: This patient presents with neck, low back, and bilateral shoulder pain. The treater is requesting a refill of Prilosec 20 mg #60. The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Medical records indicate the patient has been prescribed Prilosec since 10/24/2013. In this case, there is no indication that the patient is taking NSAID to consider the use of Prilosec. Furthermore, the treater does not provide a discussion regarding GI issues such as gastritis, ulcers, or reflux that requires the use of this medication. Recommendation is for denial.

Testosterone 200mg no. 10mg Inj 1 1/2 cc IM Weekly: 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 Official Disability Guidelines (ODG) ODG under pain chapter.

Decision rationale: This patient presents with neck, low back, and bilateral shoulder pain. The treater is requesting "testosterone 200 mg 10 mg INJ 1.5 mL IM weekly." Review of the medical file indicates the treater has been recommending testosterone injection on a monthly basis since 01/13/2014. Review of the progress reports 01/13/2014, 02/10/2014, and 03/24/2014 provide no discussion of why testosterone injections are being requested. The ACOEM and MTUS Guidelines do not discuss testosterone. ODG Guidelines, under the pain chapter, have the following regarding testosterone replacement for hypogonadism (related to opioids), "recommended in limited circumstances for patients taking high-dosed long term opioids with documented low testosterone levels." In this case, the treater does not provide the patient's testosterone levels, no evidence of exam and no reports of blood test prior to initiating this medication. Given the lack of discussion of patient's hypogonadism or testosterone levels, recommendation is for denial.