

Case Number:	CM14-0077784		
Date Assigned:	07/18/2014	Date of Injury:	05/14/1998
Decision Date:	09/26/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/28/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that 47-year-old gentleman was reportedly injured on May 14, 1998. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated November 12, 2013, indicates that there are ongoing complaints of low back pain and bilateral leg pain. The physical examination demonstrated decreased range of motion of the lumbar spine and tenderness along the bilateral paraspinal muscles. There was decreased sensation bilaterally at the L5 and S1 dermatomes. Diagnostic imaging studies were not reviewed on this visit. Previous treatment includes an L5 - S1 laminectomy and L4 - L5 discectomy. A request had been made for fentanyl patches and AndroGel and was not medically necessary in the pre-authorization process on May 06, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Fentanyl patch 75 mcg/hr #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 93.

Decision rationale: The California MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Treatment guidelines specifically state Fentanyl is "not recommended for musculoskeletal pain." Review of the available medical records, fails to document improvement in pain or function with the current treatment regimen. Given the date of injury, clinical presentation and current diagnosis, this request for fentanyl patches is not considered medically necessary.

AndroGel 1.62% #75: Upheld

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

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: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a605020.html>.

Decision rationale: AndroGel is a topical testosterone medication used to treat the symptoms of low testosterone in men who do not produce enough testosterone. Symptoms of low testosterone include decreased sexual desire, extreme tiredness, low energy, depression, and brittle bones. A review of the medical record does not indicate that the injured employee has the symptoms nor are there any laboratory tests indicating low testosterone. As such, this request for AndroGel is not medically necessary.