

Case Number:	CM14-0090767		
Date Assigned:	07/23/2014	Date of Injury:	08/16/2006
Decision Date:	08/29/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/16/2014

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 Illinois. 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 injured worker is a 55-year-old male who reported an injury on 08/16/2006. The mechanism of injury was noted to be a trip and fall. His diagnoses were noted to be cervical disc displacement, chronic pain, cervicgia, postlaminectomy, lumbosacral neuritis, and insomnia. The injured worker's treatments were noted to be acupuncture, physical therapy, nerve root blocks, and medications. His surgical history was noted to be cubital tunnel release and carpal tunnel release. A Primary Treating Physician's Progress Report dated 06/09/2014 noted the injured worker had complaints of neck pain radiating to the left arm and low back pain with radiating symptoms to the left leg. He experienced numbness in his left leg and he had been going to therapy which he stated was helpful. He continued to experience left shoulder pain and left elbow pain. It is noted that he was scheduling a radiofrequency ablation for the cervical spine. The objective findings only state 'no significant changes'. The injured worker was noted to be on medications including Duragesic, Norco, Neurontin, Lidoderm, Pristiq, and Abilify. In addition, the injured worker was noted to have medications including Colace, Testim gel, and Zanaflex. The treatment plan was to continue current medications due to the injured worker's subjective comment that they were helpful without causing side effects. The provider's rationale for the request was provided within a treatment plan of a Primary Treating Physician's Progress Report dated 06/09/2014. The request for authorization for medical treatment was dated 05/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg quantity 60 with 4 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASTICITY/ANTISPASMODIC DRUGS, page(s) 66 Page(s): 66.

Decision rationale: The request for Zanaflex 4 mg quantity 60 with 4 refills is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines state Zanaflex is FDA approved for management of spasticity; unlabeled use for low back pain. The Guidelines also state that Zanaflex may also provide benefit as an adjunct treatment for fibromyalgia. According to the Primary Treating Physician's Progress Report, the injured worker does not have subjective complaints of spasticity. The diagnoses of the injured worker do not include myofascial pain syndrome or fibromyalgia. The rationale for Zanaflex is lacking within the documentation submitted for review. In addition, the provider's request fails to indicate a dosage frequency. As such, the request for Zanaflex 4 mg quantity 60 with 4 refills is not medically necessary.

Testim gel 1% quantity 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids), page(s) 110-111 Page(s): 110-111.

Decision rationale: The request for Testim gel 1% quantity 1 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines recommend testosterone replacement for hypogonadism. This is indicated for high dose long term opiates with documented low testosterone levels. The injured worker does not have subjective complaints of hypogonadism nor is there a diagnosis indicating hypogonadism. Although the injured worker is on opiates, the documentation fails to indicate androgen deficiency, measured morning serum free testosterone levels, and PSA prior to the hormone replacement. According to the guidelines recommendations for use of testosterone replacement for hypogonadism, the documentation will need to be more thorough to support the medical necessity for Testim gel. In addition, the provider's request for Testim gel does not indicate a dosage frequency. As such, the request for Testim gel 1% quantity 1 is not medically necessary.

Norco 10/325 mg quantity 120 times 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The request for Norco 10/325 mg quantity 120 times 3 refills is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain patients on opiates. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. According to the Primary Treating Physician's Progress Report, an adequate pain assessment is not provided. Pain assessment should include: current pain, 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In addition, the provider's request fails to indicate a dosage frequency. Therefore, the request for Norco 10/325 mg quantity 120 times 3 refills is not medically necessary.