

Case Number:	CM14-0091474		
Date Assigned:	07/25/2014	Date of Injury:	09/18/1991
Decision Date:	09/29/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/18/2014

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 Occupational Medicine, 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 53 year-old male who was injured on Sept 18, 1991. He has complaints of lower back pain, muscle spasms, joint pain, and depression. The pain is 4/10 on medications and 9/10 off medications. An exam shows tenderness and pain in the lumbar spine and left leg. The injured worker is taking Baclofen, Neurontin, Morphine Sulfate, Norco, Nortriptyline and Depo-testosterone. The lab shows low testosterone at 236. Diagnoses are lumbar disc disease, depression, and muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: This injured worker was injured in 1991 and has long-term back pain. Per the Medical Treatment Utilization Schedule (MTUS), non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that non-steroidal anti-

inflammatory drugs (NSAIDs) were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that non-steroidal anti-inflammatory drugs (NSAIDs) had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one non-steroidal anti-inflammatory drug (NSAID), including COX-2 inhibitors, was clearly more effective than another. Therefore, this request is not medically necessary.

Depo-Testosterone 200 mg/ml: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain chapter.

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

Decision rationale: Per the Medical Treatment Utilization Schedule (MTUS), testosterone replacement is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Hypogonadism has been noted in injured workers receiving intrathecal opioids and long-term high dose opioids. Routine testing of testosterone levels in men taking opioids is not recommended. However, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia. There is no documentation this worker has any physical signs or clinical symptoms of low testosterone nor is there documentation of his testosterone levels before beginning replacement and the impact of replacement on the levels through monitoring. Therefore, this request is not medically necessary.

Neurontin 300 mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18, 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

Decision rationale: Gabapentin is an anti-epilepsy drug which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. There is no documentation of neuropathic pain in this worker. Nor is there documentation of the length of time he has been taking Gabapentin to help determine if a taper is needed to discontinue this medication. Therefore, this request is not medically necessary.