

Case Number:	CM14-0093596		
Date Assigned:	08/06/2014	Date of Injury:	02/02/1976
Decision Date:	09/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/20/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, low back, and hip pain reportedly associated with an industrial injury of February 2, 1976. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical spine surgery; earlier hip replacement surgery; earlier shoulder surgery; earlier spine surgery; opioid therapy, testosterone supplementation; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 11, 2014, the claims administrator denied a request for Senna, denied a request for AndroGel, denied a request for DHEA, denied a request for Percocet, denied a request for Vicodin, denied a request for Valium, and denied a request for Midrin. The applicant's attorney subsequently appealed. In a progress note dated May 6, 2014, the applicant reported persistent complaints of hip, shoulder, and low back pain, ranging anywhere from 3-8/10. The applicant had gone off of the testosterone, it was stated. The applicant was a smoker. The applicant exhibited limited range of motion about the cervical spine. The applicant was given a prescription for Percocet for severe pain. The applicant was also asked to use hydrocodone-acetaminophen for breakthrough pain. Lidoderm was endorsed. The applicant was reportedly active at home, doing crafts. In a progress note dated March 12, 2014, the applicant stated that he was using AndroGel topically which made him more physically active and less fatigued. The applicant was given Percocet for severe pain and hydrocodone-acetaminophen for breakthrough pain. On May 29, 2014, the applicant reported persistent complaints of chronic multifocal pain, including chronic low back pain. The applicant was using Vicodin, Percocet, Valium, Midrin, Senna, Lunesta, and AndroGel, it was stated. Many of the same medications were refilled, including Percocet, Vicodin, Valium, and Lunesta. The applicant was asked to continue home exercises. The applicant had a past medical history notable for sleep apnea, coronary artery disease, ulcers, and sinus problems. The applicant

continued to smoke, it was stated. The applicant reported difficulty with standing, bending, and walking activities. The applicant stated that massage and medications alleviated his pain, to some degree. On July 6, 2014, the applicant reported 7-8/10 pain without medications versus 5-6/10 pain with medications. While the attending provider stated that the medications were ameliorating the applicant's ability to perform activities of daily living, this was not elaborated or expounded upon. The applicant did not appear to be working with permanent limitations in place. The remainder of the file was surveyed. There is no specific mention of laboratory-confirmed hypogonadism. No laboratory studies were on file establishing laboratory-confirmed low testosterone levels. In a progress note dated February 6, 2014, the attending provider posited that ongoing usage of testosterone was beneficial. The attending provider did not provide any lab results which would establish a diagnosis of hypogonadism, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna #100 3 Refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter Opioid Induced Constipation Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy section Page(s): 77.

Decision rationale: As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment is indicated in applicants in whom opioid therapy is initiated. In this case, the applicant is using a variety of opioid agents, including Percocet and Norco. Prophylactic provision of Senna to ameliorate any issues with opioid-induced constipation that arise is indicated. Therefore, the request is medically necessary.

Androgel 1 tube/40.5 MG 3 Refills: 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 Chapter Testosterone Replacement for Hypogonadism (Related to Opioids).

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

Decision rationale: While page 110 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of supplemental testosterone to combat issues with opioid-induced hypogonadism, in this case, however, there is no "documented low testosterone level" on file so as to conclusively or definitively establish the diagnosis of hypogonadism, either opioid-induced or stand-alone. Therefore, the request is not medically necessary.

DHEA (Dehydroepiandrosterone) 25 MG # 30 3 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Chronic Pain Chapter, Alternative Treatments section.

Decision rationale: The MTUS does not address the topic. However, the Third Edition ACOEM Guidelines Chronic Pain Chapter notes that dietary supplements, complementary treatments, or alternative treatments such as DHEA are "not recommended" in the treatment of chronic pain as they have not been demonstrated to have any favorable outcomes or proven benefits in the treatment of the same. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence to offset the unfavorable ACOEM position on the article at issue. Therefore, the request is not medically necessary.

Percocet 10/325 MG #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet Oxycodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioid should be prescribed to improve pain and function. In this case, the attending provider has failed to outline a compelling case for provision of two separate short-acting opioids, namely Percocet and Norco, on a chronic, long-term, and scheduled-use basis. Therefore, the request is not medically necessary

Vicodin ES 10 MG #150 3 Refills: Upheld

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

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the applicant is off of work. The applicant's reported reductions in pain scores from 7-8/10 with medications to 5-6/10 pain without medications appears to be minimal to negligible and is outweighed by the applicant's difficulty performing even basic activities of daily living,

such as standing, walking, etc. as well as the applicant's failure to return to any form of work. Therefore, the request is not medically necessary.

Valium 10 MG # 30 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines topic Page(s): 24.

Decision rationale: Based on the admittedly limited information on file, it appears that Valium is being employed for chronic, long-term, and scheduled-use purposes, for antispasmodic effect. However, as noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Valium are not recommended for long-term use purposes, for greater than four weeks, including for the antispasmodic role for which Valium is seemingly being employed here. The attending provider did not furnish any compelling applicant-specific rationale or medical evidence which would offset the unfavorable MTUS position on long-term usage of Valium. Therefore, the request is not medically necessary.

Midrin 325 MG # 50: 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 Chapter Compound Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7. Decision based on Non-MTUS Citation American Academy of Family Physicians (AAFP), Treatment of Acute Migraine Headache.

Decision rationale: While the MTUS does not specifically address the topic of Midrin usage, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. While the American Academy of Family Physicians (AAFP) does acknowledge that Midrin can be employed in early mild to moderate migraine headaches, in this case, however, as with the other medications, the attending provider has failed to outline or establish any material evidence of medication efficacy with ongoing Midrin usage. The applicant remains off of work. The attending provider has not recounted or described any tangible decrements in migraine headaches following introduction of Midrin. Therefore, the request is not medically necessary.