

Case Number:	CM14-0095566		
Date Assigned:	07/25/2014	Date of Injury:	12/12/1989
Decision Date:	09/09/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/23/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 12/12/1989 due to an unknown mechanism. Diagnoses were failed back syndrome, lumbar; radiculopathy, lumbar spine; fibromyalgia/myositis; unspecified neuralgia, neuritis and radiculitis. Past treatment plans reported were physical therapy, aquatic therapy and TENS unit. Surgical history was several back surgeries and pituitary tumor removal. The injured worker also has a history of blood clot left lower extremity, staph infection, and severe left upper extremity cellulitis due to PICC line which had failed. The injured worker had a physical examination on 06/12/2014 with complaints of chronic low back pain that radiated into right lower extremity, as well as left interior shoulder and upper arm pain. He continued to suffer from postlaminectomy pain syndrome. Examination of the lumbar spine revealed, upon palpation of the lumbar facet, pain on both sides at the L3 through S1 region. There was pain noted over the lumbar intervertebral spaces (disc) on palpation. Gait appeared to be antalgic. Anterior lumbar flexion caused pain. There was pain noted with lumbar extension. Neurological exam: motor strength was grossly normal. Medications were hydrocortisone 20 mg 1 three times a day as needed, Lidoderm 5% patch, AndroGel 20.25mg/1.25g, Colace 100 mg, Klonopin 1 mg 2 to 3 tablets at night as needed, methadone 10 mg 1 to 2 tablets 4 times a day, oxycodone 10 mg 1 tablet every 4 hours as needed, Prilosec 20 mg, and Vistaril 25 mg 1 capsule twice a day as needed. Rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Genetic drug metabolism test: 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) Pain, Genetic Testing for Potential Opioid Abuse.

Decision rationale: The Official Disability Guidelines state for genetic testing is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. Overall, numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. Predicting the analgesic response to morphine based on pharmacogenetic testing is more complex, though there is hope that simple genetic testing would allow tailoring morphine doses to provide optimal analgesia, this is unlikely to occur. The medical necessity for this request was not submitted. Therefore, the request is not medically necessary and appropriate.

Genetic Opiod (narcotic) risk test: 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) Pain, Genetic Testing for Potential Opioid Abuse.

Decision rationale: The Official Disability Guidelines state for genetic testing is not recommended. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. Overall, numerous genes involved with the pharmacokinetics and dynamics of opioids response are candidate genes in the context of opioid analgesia. Predicting the analgesic response to morphine based on pharmacogenetic testing is more complex, though there is hope that simple genetic testing would allow tailoring morphine doses to provide optimal analgesia, this is unlikely to occur. The medical necessity for this request was not submitted. Therefore, the request is not medically necessary and appropriate.

Vistaril 25mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Antihistamine for treatment of anxiety.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com: <http://www.drugs.com/vistaril.html>.

Decision rationale: The request for Vistaril 25 mg is non-certified. Vistaril reduces activity in the central nervous system. It also acts as an antihistamine that reduces the natural chemical histamine in the body. Histamine can produce symptoms of sneezing and runny nose, or hives on the skin. Vistaril is used as a sedative to treat anxiety and tension. It is also used together with other medications given for anesthesia. Vistaril may also be used to control nausea and vomiting. The medical necessity for the injured worker taking this medication was not explained or reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary and appropriate.

AndroGel 20.2.25mg/1.24 grams, # 120 grams: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Drugs.com: [http://www.drugs.com/drug-interactions/testosterone,androgel-index.html?filter=3&Page\(s\):81](http://www.drugs.com/drug-interactions/testosterone,androgel-index.html?filter=3&Page(s):81).

Decision rationale: AndroGel (testosterone) is a topical hormone gel. Testosterone is a naturally occurring male hormone necessary for many processes in the body. The California Medical Treatment Utilization Schedule states a major concern about the use of opioids for chronic pain is that most randomized control trials have been limited to a short-term period. This leads to a concern about confounding issues such as tolerance, opioid induced hyperalgesia, long range adverse effects such as hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect. AndroGel (testosterone) is a topical hormone gel. It was not reported if chronic use of opioids had caused hypogonadism. The request submitted does not indicate a frequency for the medication. Therefore, the request is not medically necessary and appropriate.

Retro Klonopin 1mg, Quantity 70: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 24, 66, 23, 124.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, continued use would not be supported. The request does not indicate a frequency for the medication. Therefore, the request is not medically necessary and appropriate.