

Case Number:	CM14-0185244		
Date Assigned:	11/13/2014	Date of Injury:	08/17/1999
Decision Date:	03/03/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/06/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 48 year old male who sustained a work related injury August 17, 1999. Past surgical history included L4-S1 posterior fusion in 2006 and spinal cord stimulator placement November 2012. According to a treating pain center physician's progress report, dated October 21, 2014, the injured worker presented for follow-up of headache and upper and right lower back pain. He does take Medrol dose pack with some relief and requesting refills of Oxycontin and Tizanidine. Physical examination of the cervical spine revealed mild tenderness in the upper middle and lower paraspinals without radiation. Spurling's test negative right and left. Cervical extension with rotation and lateral flexion (facet loading) positive right left for mild axial pain. There is noted tenderness to palpation thoracic spine, bilateral lower incision paraspinals with muscle spasm. Active range of motion of the lumbosacral spine was grossly limited with pain. Ropy muscle spasm with tenderness in the upper middle and lower paraspinal muscles with right distal and lateral radiation. Lumbar extension with rotation and lateral flexion positive left to right for pain. Regarding the sacroiliac joint/sacrum there is severe tenderness on the right and positive Fabere's and Yeoman's on the right. Lower exam reveals hyperesthesia on the right foot and motor function 5/5 bilaterally and symmetrical. Assessments are documented as sacroiliac joint arthralgia/pain; thoracalgia; lumbar failed back surgery syndrome, lumbar facet joint arthropathy; chronic pain syndrome; occipital neuralgia and muscle spasm. Treatment included refills of medications, possible joint injections, and lab work. Work status is not documented. According to utilization review performed October 29, 2014, the request for a Hormone Panel: ACTH, Cortisol, Pregnenolone, Testosterone Free and Total is non-certified.

MTUS, ACOEM and ODG Guidelines do not address the request for a hormone panel. <http://www.ncbi.nlm.nih.gov/pubmed/11502777>. Hypothalamo-pituitary-adrenal axis dysfunction in chronic fatigue syndrome, and the effects of low dose hydrocortisone therapy. Cleare AJ1, Miell J. Heap E Spokdeo S Young L., Malhi GS, O'Keane V. J Clin Endocrinol Metab. 2001 Aug; 86(8):3545-54 (cited). <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4107914/#!po=54.1667> The Physiologic Effects of Pain on the Endocrine System Forest Tennant Pain Ther. Dec 2013; 2(2): 75-86 Serum Testing and Replacement (cited).Hormone serum levels serve as biomarkers for uncontrolled pain. It is cautioned, however, that the patients report of pain and need for analgesic medication be paramount, and that hormone serum levels should never be the determinant of proper analgesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hormone Panel: ACTH, Cortisol, Pregnenolone, Testosterone Free + total: Overturned

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 section. Decision based on Non-MTUS Citation Opioids dosing section

Decision rationale: The requesting physician explains that these laboratory tests are requested because of the potential effects of chronic pain and chronic opioids on hormone levels. The injured worker is advised that any abnormalities should be addressed by primary care provider or referral to endocrinology. Utilization review acknowledges the physiologic effects of chronic pain on the endocrine system, but argued that hormones serve as biomarkers of uncontrolled pain and that hormone levels should not be used as a method to determine proper analgesia. This does not appear to be the intent of the requesting physician. Correcting hormone levels that may be altered as a result of chronic pain and chronic opioid use is desired. Hypogonadism as a result of chronic opioid use is acknowledged within the MTUS Guidelines and ODG, and these laboratory tests are reasonable.