

Case Number:	CM14-0199593		
Date Assigned:	12/10/2014	Date of Injury:	12/08/2003
Decision Date:	01/27/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 68-year-old male with a date of injury of 12/08/2003. According to progress report dated 08/21/2014, the patient presents with significant muscle spasms in his lower back. He is also having neck pain that radiates into the bilateral shoulders. The patient also complains of residual knee pain following arthroscopic surgery on 02/19/2014. Examination revealed significant spasm in the upper lower back. There is positive McMurray's of the left knee and decreased range of motion of the bilateral knee in flexion. There is positive Spurling's test of the cervical spine and positive Phalen's and Tinel's of the bilateral wrist. The listed diagnoses are: 1. Endocrinopathy, opioid induced. 2. Anxiety and depression. 3. Bilateral carpal tunnel syndrome. 4. Status post right carpal tunnel release, 2011. 5. Bilateral cubital tunnel syndrome. 6. Status post left carpal tunnel release, 2011. 7. Degenerative joint disease, bilateral knees. 8. Internal derangement, left knee. 9. Intervertebral disk disorder, cervical. 10. Discogenic disk disease, lumbar spine. 11. Intervertebral disk disorder lumbar with radiculopathy. The treating physician would like to prescribe Flexeril 7.5 mg #60 for "acute spasm." He would also like to request authorization for testosterone replacement therapy which has been quite helpful for the patient in the past and a Solace interferential unit. The utilization review denied the request on 11/05/2014. Treatment reports from 04/30/2014 through 09/23/2014 were provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63,64.

Decision rationale: This patient presents with neck, low back, bilateral knee, and bilateral shoulder complaints. The current request is for 1 prescription of Flexeril 7.5 mg #60. The MTUS Guidelines page 63 regarding muscle relaxants states, "Recommended non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain with overall improvement. Efficacy appears to diminish over time, and prolonged use of some medication in this class may lead to dependence." On 07/08/2014, the treating physician had instructed patient to wean off Soma as it is not recommended for long term use. On 08/21/2014, Flexeril 7.5 mg #60 was initiated due to patient's significant acute spasms in the upper and lower back. In this case, recommendation cannot be made as the treating physician has prescribed #60. The MTUS Guidelines support the use of Flexeril for short course of therapy, not longer than 2 to 3 weeks. The request for Flexeril is not medically necessary.

(1) Testosterone Replacement Therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter.

Decision rationale: This patient presents with chronic neck, low back, bilateral shoulder, and bilateral knee pain. The current request is for 1 testosterone replacement therapy. ODG guidelines under its Pain chapter has the following regarding testosterone, "recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels." According to progress report dated 08/28/2014, the patient has a history of hypogonadotropic hypogonadism secondary to chronic opiate use. The patient does report normal activity level and improved libido while being on testosterone replacement therapy. Laboratory tests were reviewed which include total testosterone as 1343, free testosterone as 34.4, PSA level was 0.8, TSH is 1.38, hemoglobin A1c is 5.8, and estradiol is 88.3. It was noted the patient was taking 200 mg of testosterone cypionate 0.5 mL and sesame seed oil for approximately 1 month. In this case, the patient has a diagnosis of hypogonadism and the treater reports that recent testosterone levels were in the normal range with testosterone therapy. The requested 1 testosterone replacement therapy IS medically necessary.

(1) Solace Interferential Unit Rental: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

Decision rationale: This patient presents with chronic neck, low back, bilateral shoulder, and bilateral knee pain. The current request is for 1 Solace Interferential Unit Rental. Report 8/21/14, requests a "Solace interferential unit as a monthly rental unit and should be used for 30 minutes 3 to 5 times daily to aid in pain reduction, reduction of edema, and/or accelerate rehabilitation." The MTUS Guidelines page 118 to 120 states interferential current stimulation is not recommended as an isolated intervention. "There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain." For indications, MTUS mentions intolerability to meds, post-operative pain, history substance abuse, etc. For these indications, one-month trial is then recommended. In this case, MTUS recommends trying the unit for one-month before a home unit is provided. Given that the request is for an IF unit without a specific request for a one-month trial, the request IS NOT medically necessary.