MAXIMUS Federal Services

Case Number:	CM14-0088786		
Date Assigned:	07/23/2014	Date of Injury:	08/19/2009
Decision Date:	04/21/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/12/2014

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: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male, who sustained an industrial injury on August 19, 2009. The injured worker was diagnosed as having depression, COAT, psychosexual dysfunction, insomnia due to medical condition classified elsewhere, chronic pain due to trauma, intervertebral disc disorder with myelopathy, limb, degenerative disc disease lumbar, myalgia and myositis, lumbar spondylosis with myelopathy, low back pain, spondylosis, lumbar without myelopathy, radiculopathy thoracic or lumbosacral, other pain disorder related to psychological fact and facet arthropathy. Treatment to date has included physical therapy, Norco, Relafen, morphine equivatant, flexeril epidurals and lumbar support. Currently, the injured worker complains of back pain and left leg/heel pain. A urine drug screen was performed on November 24, 2014. In a progress note dated April 24, 2014, the treating provider reports examination of lumbar spine, decreased lordosis slow gait. Treatment plan included continue medications, use soft lumbar brace and labs.

IMR ISSUES, DECISIONS AND RATIONALES

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

EIA W/GCMS 4/FENTANYL/MEPERIDINE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79 and 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a repeat urine toxicology test (UDS), CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, it appears the patient is taking controlled substance medication. The patient recently underwent a urine drug screen. There is no documentation of risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances. In light of the above issues, the currently requested repeat urine toxicology test is not medically necessary.

TESTOSTERONE, FREE, LC/MS/MS: 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 Page(s): 110-111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Testosterone.

Decision rationale: Regarding the request for testosterone level (quantity of 1), Chronic Pain Medical Treatment Guidelines state that 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. Due to risk of hepatoma, guidelines recommend that testosterone replacement should be done by a physician with special knowledge in the field. An article in the Journal of Advanced Pharmacologic Technology states that there are numerous causes of hypogonadism. They go on to indicate that a thorough history and physical is indicated in an attempt to identify the underlying etiology of hypogonadism. Within the documentation available for review, there are no documented subjective complaints of hypogonadism symptomology. Additionally, there is no documentation of a thorough history and physical examination directed towards the patient's endocrine function. In the absence of such documentation, the currently requested testosterone level (quantity of 1) is not medically necessary.