MAXIMUS Federal Services

Case Number:	CM14-0096326		
Date Assigned:	10/08/2014	Date of Injury:	09/25/1996
Decision Date:	01/29/2015	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/24/2014

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 Family Practice 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:

Patient had a date of injury on 9/25/1996. The patient was trying to open a door forcefully with his right shoulder and felt shoulder and neck pain radiating down his right arm. The patient had 2 cervical spine surgeries in 1997 and on 6/18/2013. Diagnosis includes: cervical degenerative disc disease, chronic pain syndrome, cervical post-laminectomy syndrome, and cervicobrachial syndrome. Medications include Percocet, Norco, Butrans and testosterone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-82.

Decision rationale: According to guidelines, it states opioids should only be continued if there is functional improvement. It also states chronic use of opioids can lead to dependence and addiction. According to the patient's medical records, it does not state the patient has functional improvement with Norco usage, also the risk of dependence and addiction is increased. Therefore, this request is not medically necessary.

Cognitive behavior therapy, five sessions, with evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, cognitive behavior therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations Page(s): 100-101.

Decision rationale: According to guidelines, a trial found that it appears to be feasible to identify patients with high levels of risk of chronic pain and to subsequently lower the risk for work disability by administering a cognitive-behavioral intervention focusing on psychological aspects of the pain problem. In a large RCT, the benefits of improved depression care (antidepressant medications and/or psychotherapy) extended beyond reduced depressive symptoms and included decreased pain as well as improved functional status. According to the medical records, there is no mention that the patient's ongoing pain is due to psychiatric disorders. Therefore, this request is not medically necessary.

Testosterone cream: Upheld

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

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

Decision rationale: According to guidelines, it does state testosterone replacement is recommended for patients with hypogonadism related to opioids and low testosterone. However, according to the medical records, there is no test showing a low testosterone. Therefore, this request is not medically necessary.

Blood work including testosterone levels: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation http://labtestsonline.org/understanding/analytes/testosterone/tab/test

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labtestsonline.org.

Decision rationale: According to guidelines, it states testing low testosterone in blood work is recommended. However, there is no mention to test testosterone levels in patients using chronic opioid therapy. Therefore, this request is not medically necessary.