

Case Number:	CM15-0140786		
Date Assigned:	07/30/2015	Date of Injury:	07/04/2000
Decision Date:	09/18/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/20/2015

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 51 year old male, who sustained an industrial injury on 7-4-00. He reported pain in his lower back and left knee. The injured worker was diagnosed as having status post left total knee replacement, hypogonadism from narcotic use, lower back pain with disc herniation at L4-L5 contacting the right L5 exiting nerve root with chronic right leg sciatic symptoms and insomnia. Treatment to date has included x-rays and a home exercise program. Current medications include Ambien, Wellbutrin, Neurontin, Mobic, Testosterone, MS Contin and Oxycodone since at least 11-5-14. On 3-17-15, the treating physician noted lumbar flexion 30 degrees, extension 10 degrees and a positive straight leg raise test bilaterally at 80 degrees. The injured worker rated his pain an 8 out of 10. As of the PR2 dated 6-15-15, the injured worker reports severe pain in his back, muscle spasms and radiating pain down his right leg. He rates his pain a 4 out of 10 at best and a 10 out of 10 at worst and an 8 out of 10 at the visit. Objective findings include lumbar flexion 30 degrees, extension 10 degrees and a positive straight leg raise test bilaterally at 80 degrees. The treating physician requested MS Contin 60mg #60, Oxycodone 30mg #120, Testosterone 25mg and a 3ml BD luer lock syringe.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of MS Contin 60mg #60: 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): 75-80.

Decision rationale: Regarding the request for MS Contin (Morphine Sulfate ER), Chronic Pain Medical Treatment Guidelines state that MS Contin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation that the medication is reducing the patient's pain and improving the patient's function by 50%. However, specific examples of functional improvement are not included. Furthermore, there is no documentation regarding side effects. Even though the provider documented that the patient has a signed pain contract and has had a appropriate urine drug screen test, it is unclear when these were completed, as there were no documentation of this information. As such, continuing this medication is inappropriate. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested MS Contin (Morphine Sulfate ER) is not medically necessary.

1 prescription of Oxycodone 30mg #120: 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): 75-80.

Decision rationale: Regarding the request for oxycodone, Chronic Pain Medical Treatment Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation that the medication is reducing the patient's pain and improving the patient's function by 50%. However, specific examples of functional improvement are not included. Furthermore, there is no documentation regarding side effects. Even though the provider documented that the patient has a signed pain contract and has had appropriate urine drug screen testing, it is unclear when these were completed, as there were no urine drug screen reports. As such, continuing this medication is inappropriate. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested oxycodone is not medically necessary.

1 prescription of Testosterone 25mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement Page(s): 110-111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Testosterone.

Decision rationale: Regarding the request for testosterone injection, California MTUS does not address the issue. ODG cites that testosterone replacement is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Within the documentation available for review, there is no documentation of a low testosterone level for which replacement would be indicated. Furthermore, the patient has had testosterone injection since 2014 without a repeat check to see if further treatment is indicated. In the absence of such documentation, the currently requested testosterone injection is not medically necessary.

3ml BD Luer Lok Syringe: 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 Pain Chapter, Testosterone Page(s): 110-111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Testosterone.

Decision rationale: Regarding the request for testosterone injection, California MTUS does not address the issue. ODG cites that testosterone replacement is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Within the documentation available for review, there is no documentation of a low testosterone level for which replacement would be indicated. Furthermore, the patient has had testosterone injection since 2014 without a repeat check to see if further treatment is indicated. In the absence of such documentation, the currently request for testosterone injection and the syringe used for injection is not medically necessary.