

Case Number:	CM15-0168389		
Date Assigned:	09/09/2015	Date of Injury:	09/29/2003
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/26/2015

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: Tennessee, Florida, Ohio
 Certification(s)/Specialty: Surgery, Surgical Critical Care

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 42 year old male, who sustained an industrial injury on 9-29-2003. He reported low back pain forcing him to fall to the ground while moving concrete. Diagnoses include lumbar disc disease, herniated discs, lumbago and chronic pain. Treatments to date include activity modification, medication therapy, physical therapy, epidural steroid injections, and trigger point injections. Currently, he complained of ongoing low back pain and shortness of breath. The pain was rated 5-6 out of 10 VAS without medications and 3-4 out of 10 VAS with medications. On 7-1-15, the physical examination documented lumbar tenderness and a positive straight leg raise test. An electrocardiogram was obtained on this date due to reports of shortness of breath with no acute findings documented. The plan of care included continuation of medications as previously prescribed and a chest x-ray. The records indicated laboratory results from 1-28-15 revealed a low testosterone level, last obtained on 1-28-15. He was administered Depo-testosterone monthly with repeat laboratory evaluations scheduled for July. This appeal requested authorization for Neurontin 300mg #180 and laboratory evaluations including testosterone, free and total, CMC, lipids, and CBC with differential. The Utilization Review modified the request of Neurontin 300mg to allow #12 and denied the request for the laboratory evaluations stating the documentation did not meet California MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 300mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of this prescription for this patient. The California MTUS guidelines state: "Gabapentin is an anti-epilepsy drug (AEDs - also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." Regarding this patient's case, the clinical records submitted do support the fact that this patient has neuropathic and radicular pain from lumbar disc disease. Neurontin is a first line medication for neuropathic pain. Therefore, based on the submitted medical documentation, the request for Neurontin is medically necessary.

Testosterone panel (free and total): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Testosterone replacement for hypogonadism (related to opioids).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of testosterone testing for this patient. The California MTUS guidelines address the issue of routine testosterone testing by stating 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, such as gynecomastia." The medical records reflect that this patient has not been on chronic opioid therapy. The patient had a single low-normal testosterone level, which was treated appropriately for his age group. Repeat testing is not indicated at this time. The patient does not exhibit signs or symptoms of hypogonadism and subjectively reports a functional improvement since supplementation. Therefore, based on the submitted medical documentation, the request for testosterone testing is not medically necessary.

Complete blood count (CBC): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment, Diagnostic Criteria.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of CBC testing for this patient. The California MTUS guidelines state: "An erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a "shotgun" attempt to clarify reasons for unexplained shoulder complaints." The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or idiopathic inflammatory condition. The patient's symptoms are attributed to repetitive exercises and lumbar disc disease. Pain is reproducible and attributed to a functional cause; this is not a finding attributable to an autoimmune disease. Therefore, based on the submitted medical documentation, the request for CBC testing is not-medically necessary.

Lipids: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Final Update Summary: Lipid Disorders in Adults (Cholesterol, Dyslipidemia): Screening. U.S. Preventive Services Task Force. July 2015.

Decision rationale: There is sufficient clinical information provided to justify the medical necessity of lipid panel testing for this patient. The clinical records submitted do support the fact that this patient is at risk for cardiovascular disease. The California MTUS guidelines, Occupational Disability Guidelines and the ACOEM Guidelines do not address the topic of lipid panel testing. Per the United States Preventive Services Task Force, the current recommendation is that the "USPSTF strongly recommends screening men aged 35 and older for lipid disorders. The USPSTF recommends this service. There is high certainty that the net benefit is substantial." This patient is a 42-year-old male with degenerative disc disease and other stable medical comorbidities. Yearly lipid screening is recommended in this patient population. Testing is appropriate and commiserate with current medical society guidelines. Therefore, based on the submitted medical documentation, the request for lipid panel testing is medically necessary.

Complete blood count (CBC) with differential: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Assessment, Diagnostic Criteria.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of CBC testing for this patient. The California MTUS guidelines state: "An

erythrocyte sedimentation rate (ESR), complete blood count (CBC), and tests for autoimmune diseases (such as rheumatoid factor) can be useful to screen for inflammatory or autoimmune sources of joint pain. All of these tests can be used to confirm clinical impressions, rather than purely as screening tests in a "shotgun" attempt to clarify reasons for unexplained shoulder complaints." The medical documentation submitted does not clearly indicate that this patient exhibits signs or symptoms of a rheumatological or idiopathic inflammatory condition. The patient's symptoms are attributed to repetitive exercises and lumbar disc disease. Pain is reproducible and attributed to a functional cause; this is not a finding attributable to an autoimmune disease. Therefore, based on the submitted medical documentation, the request for CBC testing with differential is not-medically necessary.