

Case Number:	CM15-0185412		
Date Assigned:	09/25/2015	Date of Injury:	08/02/1994
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 60 year old male who sustained an industrial injury on August 02, 1994. A primary treating follow up dated September 11, 2015 reported noted discussion regarding request for services involving a computerized tomography scan, epidural steroid injection, neurology consultation. He "continues to be very active and functional. There is note of having difficulty obtaining a list of in network provider's endocrinology. Follow up dated August 24, 2015 reported subjective complaint of "doing much worse; can't get his pain meds." The plan of care is noted with discussion regarding difficulty with requests and authorization of services such as, IPG replacement, spinal cord stimulator battery replacement, and cervical epidural injection. Medications attached to this encounter consisted of: Nuvigil, Celebrex, Clonazepam, Flector patches, Cymbalta, Prilosec, Oxycodone, Viagra, Androgel pump, and Ambien. At follow up on January 30, 2015 there is report of "he's been having more neck pain and pain down both arms;" he has numbness in both arms and hands as well." A telephone team conference dated February 12, 2015 reported appending authorization for computerized tomography scan of neck followed by a cervical epidural injection. There is note of performing the CT to determine the "best areas" for an injection; also tapering down slightly on Norco. February 13, 2014 pain follow-up reported the worker "continues to complaint of increased radiculopathy in his upper extremities, as well as chronic headaches". He still complains of "crushing fatigue." The plan of care is with recommendation for cervical epidural injection and cervical magnetic resonance imaging because of "increased complaint of cervical radiculopathy." On September 03, 2015, a request for cervical epidural injection and Andro gel pump which noted being non-certified by Utilization Review on September 11, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Andro gel pump 1.25g: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation FDA (Androderm).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Testosterone replacement for hypogonadism (related to opioids). Decision based on Non-MTUS Citation <https://online.epocrates.com/>; AndroGel testosterone topical and Testosterone Deficiency.

Decision rationale: The MTUS states that testosterone replacement is "Recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Hypogonadism has been noted in patients receiving intrathecal opioids and long-term high dose opioids. 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. If needed, testosterone replacement should be done by a physician with special knowledge in this field given the potential side effects such as hepatomas. Epocrates states "Early morning serum total testosterone level below 300 nanograms/dL on at least two separate occasions in a symptomatic man generally confirms the diagnosis of hypogonadism. Testosterone should be measured in all men with erectile dysfunction. Measurement of the gonadotropins (LH and FSH) distinguishes between a primary and a secondary cause". The treating physician has not provided the above required labs and has not detailed how the testosterone deficiency is related to the industrial injury. The requesting provider has documented that he is not comfortable with prescribing this medication. As such, the request for AndroGel is not medically necessary.

Cervical epidural steroid injection: 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): Epidural steroid injections (ESIs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Epidural steroid injections (ESIs).

Decision rationale: MTUS Chronic pain medical treatment guidelines state that epidural steroid injections are "Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program". There were no medical documents provided to conclude that other rehab efforts or home exercise program is ongoing. Additionally, no objective findings were documented to specify the dermatomal distribution of pain. MTUS further defines the criteria for epidural steroid injections to include: 1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). 3) Injections should be performed using fluoroscopy (live x-ray) for guidance.

4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections. 5) No more than two nerve root levels should be injected using transforaminal blocks. 6) No more than one interlaminar level should be injected at one session. 7) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007). 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections. The patient demonstrates no radiating pain or paresthesias in the upper extremities and there is no documentation of dermal pain in the upper extremities. The medical documents provided did not document a positive Spurling test and upper extremity motor, sensory and reflex physical examinations were all normal. Concerning medical imaging, there is no evidence of cervical nerve root compression on MRI. The medical documents provided do not provide evidence of cervical radiculopathy. As such, the request for Cervical epidural injection is not medically necessary.