

Case Number:	CM15-0024539		
Date Assigned:	02/17/2015	Date of Injury:	04/24/2009
Decision Date:	04/09/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 34 year old, male patient, who sustained industrial injury on 04/24/2009. A pain visit follow up dated 01/13/2015 reported the patient with increased pain secondary to non-authorized medications. Objective findings showed tenderness at the C5-6, C6-7 levels with complaint of bilateral upper extremity pain. There was lumbar spine tenderness at L4-5, L5-S1 levels. In addition, the patient was found with allodynia in all extremities with the most severe being the upper extremities. Extremities have full range of motion without limitation. Right knee had a transverse laceration in the infrapatellar region noted benign. The assessment included chronic pain secondary to trauma; complex region pain syndrome (CRPS) Type I to the bilateral extremities; erectile dysfunction; opioid induced hypogonadism and lumbar spasms. The plan of care involved continuing MS Contin 30 MG PO BID, and Norco 10/325 MG one PO every four hours, MDD of six along with Percocet 10/325 MG PO at nighttime for severe pain. A request was made for the following medications; Norco 10/325MG, and MS Contin 30MG. The UDS reports were noted as consistent. On 01/28/2015, Utilization Review, non-certified the request noting the CA MTUS Chronic Pain Guidelines, Norco, MS Contin, and Opioids were cited. The injured worker submitted an application, on 02/09/2015 for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to NSAIDs, co-analgesics and PT. The chronic use of high dose opioids is associated with the development of tolerance, opioid induced hyperalgesia, addiction, dependency, sedation and adverse interactions with other sedatives. The long-term use of high doses of opioid medications can also be associated with hypogonadism and erectile dysfunction. The records did not show that the use of NSAIDs and co-analgesics that have opioid sparing effects have failed. There is no record on the use of anticonvulsant and antidepressant medications that are effective in the management of neuropathic pain such as CRPS. The guidelines noted that opioids are less efficacious in the treatment of neuropathic pain. There is no documentation of functional restoration with the use of opioids. The criterion for the use of Norco 10/325mg #180 was not met. The guidelines recommend that patients of very high doses of opioids be referred to Pain Programs or Addiction centers for same weaning from opioids. Therefore, this request is not medically necessary.

MS Contin 30mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to NSAIDs, co-analgesics and PT. The chronic use of high dose opioids is associated with the development of tolerance, opioid induced hyperalgesia, addiction, dependency, sedation and adverse interactions with other sedatives. The long-term use of high doses of opioid medications can also be associated with hypogonadism and erectile dysfunction. The records did not show that the use of NSAIDs and co-analgesics that have opioid sparing effects have failed. There is no record on the use of anticonvulsant and antidepressant medications that are more effective than opioids in the management of neuropathic pain such as CRPS. The guidelines noted that opioids are less efficacious in the treatment of neuropathic pain. There is no documentation of functional restoration with the use of opioids. The criterion for the use of MS Contin 30mg #60 was not met. The guidelines recommend that patients on very high doses of opioids be referred to Pain

Programs or Addiction centers for same weaning from opioids. Therefore, this request is not medically necessary.

Percocet 10/325mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (Oxycodone & Acetaminophen), Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 42-43, 74-96, 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to NSAIDs, co-analgesics and PT. The chronic use of high dose opioids is associated with the development of tolerance, opioid induced hyperalgesia, addiction, dependency, sedation and adverse interactions with other sedatives. The long-term use of high doses of opioid medications can also be associated with hypogonadism and erectile dysfunction. The records did not show that the use of NSAIDs and co-analgesics that have opioid sparing effects have failed. There is no record on the use of anticonvulsant and antidepressant medications that are effective in the management of neuropathic pain such as CRPS. The guidelines noted that opioids are less efficacious in the treatment of neuropathic pain. There is no documentation of functional restoration with the use of opioids. The criterion for the use of Percocet 10/325mg #30 was not met. The guidelines recommend that patients on very high doses of opioids be referred to Pain Programs or Addiction centers for same weaning from opioids. Therefore, this request is not medically necessary.

Cialis 5mg, #30 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Physicians, Hormonal Testing and Pharmacological Treatment of Erectile Dysfunction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to NSAIDs, co-analgesics and PT. The chronic use of high dose opioids is associated with the development of tolerance, opioid induced hyperalgesia, addiction, dependency, sedation and adverse interactions with other sedatives. The long-term use of high doses of opioid medications can also be associated with hypogonadism and erectile dysfunction. The records showed laboratory documentation of decreased testosterone level secondary to the use of high dose opioids. The decreased testosterone levels are associated with complaints of erectile dysfunction that require treatment with Cialis. The reduction or weaning of opioids will result in less suppression of gonadal function and decrease requirement for the use of Cialis or testosterone. The criterion for

the use of Cialis 5mg #30 with 4 refills was not met. Therefore, this request is not medically necessary.

Testosterone 200mg/ml, 1-5ml injections, quantity: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism (Related to Opioids).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain that did not respond to NSAIDs, co-analgesics and PT. The chronic use of high dose opioids is associated with the development of tolerance, opioid induced hyperalgesia, addiction, dependency, sedation and adverse interactions with other sedatives. The long-term use of high doses of opioid medications can also be associated with hypogonadism and erectile dysfunction. The records showed laboratory documentation of decreased testosterone level secondary to the use of high dose opioids. The decreased testosterone levels are associated with complaints of erectile dysfunction that require treatment with Cialis. The reduction or weaning of opioids will result in less suppression of gonadal function and decrease requirement for the use of Testosterone. The criterion for the use of Testosterone 200mg/ml, 1-5 injections quantity 4 was not met. Therefore, this request is not medically necessary.