

Case Number:	CM15-0040779		
Date Assigned:	03/13/2015	Date of Injury:	03/19/2003
Decision Date:	05/04/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/02/2015

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: Utah, Arkansas
 Certification(s)/Specialty: Family Practice

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 03/19/2003. Diagnoses include post lumbar laminectomy syndrome, low back pain, mood disorder, and post cervical laminectomy syndrome. Treatment to date has included surgery, medications, diagnostic studies, aqua therapy, weight loss program, and back brace. A physician progress note dated 02/09/2015 documents the injured worker complains of back pain radiating from his low back down the left leg, and numbness over the left leg. His pain is rated as a 4 on a scale of 1-10 with medications, and he rates his pain as 8 without medications. His quality of sleep is poor. He states that medications are working well. On inspection of the lumbar spine there is spasm, tenderness and tight muscle band on both sides of the paravertebral muscles. The treatment plan is for medication refills and for a sleep study due to persistent insomnia. Treatment requested is for Androderm 4 mg patch Qty 30, and Celebrex 200 mg with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Celebrex 200 mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antinflammatory medications Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines COX-2 inhibitors (e.g., Celebrex) page 22.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Celebrex. MTUS guidelines state the following: may be considered if the patient has a risk of GI complications, but not for the majority of patients. The clinical documents lack documentation that states the patient has a positive GI review of systems. According to the clinical documentation provided and current MTUS guidelines; Celebrex is not indicated as a medical necessity to the patient at this time.

Androderm 4 mg patch Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism, page 110-111.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Testosterone. MTUS guidelines state the following: Testosterone is indicated for replacement therapy in males for conditions associated with a deficiency or absence of endogenous testosterone. The clinical documents lack documentation that shows low testosterone levels. According to the clinical documentation provided and current MTUS guidelines, Testosterone is not indicated as a medical necessity to the patient at this time.