

Case Number:	CM15-0079120		
Date Assigned:	04/30/2015	Date of Injury:	11/09/1993
Decision Date:	08/11/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	04/27/2015

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, North Carolina
 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 69 year old male, who sustained an industrial injury on November 9, 1993. He reported neck pain. The injured worker was diagnosed as having post cervical laminectomy syndrome, chronic pain, myalgia and myositis, right upper extremity weakness, anemia, cognitive decline, hypogonadism, muscular headache and sleep disorder. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the cervical spine, medications, conservative care and work restrictions. Per the evaluation on April 7, 2015, the injured worker complains of continued neck pain, right upper extremity weakness, headaches, depression and social withdrawal. There was no discussion of the specific indications for the treatment plan items in light of medical evidence, details of the medical history, or any lab testing. Botox injections, medications and a urinary drug screen were requested. None of the treating physician reports provide the specific indications for testosterone supplementation, such as lab tests or specific clinical signs of hypogonadism.

IMR ISSUES, DECISIONS AND RATIONALES

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

Botox 200 Units Injections Cervical Area: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botox for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin Page(s): 25-26.

Decision rationale: CA MTUS does not generally recommend Botox for chronic pain disorders, but does recommend for cervical dystonia. It may also be effective for chronic low back pain. It is not recommended for tension headache, migraine headache, fibromyositis, chronic neck pain myofascial pain syndrome and trigger point injection. Review of the records show that this patient has chronic neck pain, therefore Botox is not medically necessary or appropriate.

Axiron 30mg [#Unspecified];: 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 Testosterone replacement for hypogonadism (related to opioids). Decision based on Non-MTUS Citation UpToDate, Testosterone treatment of male hypogonadism.

Decision rationale: Per the MTUS citation above, testosterone replacement is recommended in limited circumstances for patients taking high dose oral opioids with documented low testosterone levels. There are no documented low testosterone levels in the medical reports. The treating physician has not monitored testosterone levels while prescribing testosterone, per the available reports. The MTUS states that: "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." The treating physician has not documented an endocrine evaluation, testosterone levels, signs of hypogonadism, or that testosterone replacement has been done by a physician with special knowledge in the field. Given the apparent lack of sufficient evaluation and the other recommendations in the MTUS that are not met, continued testosterone supplementation is not medically necessary. Per the UpToDate guideline cited above, "Testosterone should be administered only to a man who is hypogonadal, as evidenced by clinical symptoms and signs consistent with androgen deficiency and a distinctly subnormal serum testosterone concentration." These criteria are not met per the available records. The testosterone supplementation in this case is not medically necessary per this guideline as well.

Norco 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

Decision rationale: The request is for continued use of Norco for chronic musculoskeletal pain. In this case, there is a lack of documentation demonstrating significant pain relief or functional improvement in order to recommend the continued use of Norco. No evidence of the 4 A's is present as recommended for ongoing monitoring of a patient on chronic opioids. Therefore, the request is not medically necessary or appropriate.

Urine Tox Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: Urine drug screening (USD) is recommended as a tool to monitor adherence to use of controlled substance treatment, to identify drug misuse and as an adjunct to self-report of drug use. In this case, the patient appears at low risk for abuse and just had a drug screen the month prior. Therefore, the request is not medically necessary.