

Case Number:	CM15-0087428		
Date Assigned:	05/11/2015	Date of Injury:	04/02/2002
Decision Date:	06/12/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/06/2015

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: North Carolina, Georgia
 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 46-year-old male with an industrial injury dated 04/02/2002. His diagnoses include post laminectomy syndrome, cervical region; post laminectomy syndrome, lumbar region; brachial neuritis or radiculitis, thoracic or lumbosacral neuritis or radiculitis and spasmodic torticollis. Prior treatments included medications and home exercise program, trigger point injections, epidural steroid injections and myoblock. He presents on 03/19/2015 with increasing neck, left arm, back, and leg and foot pain. He reports the neck pain as radiating down the left arm with numbness of the middle, ring and index fingers. He rates the pain as 7/10 with medications. Regarding the lower back pain he reports bilateral lumbosacral pain that extends laterally across the belt line with radiation down the left buttock and posterior leg to the dorsum of the foot. He also reports aching pain in the plantar aspect of both feet after walking. He rates the pain as 4/10. Physical exam revealed limited range of motion of the neck with negative compression sign. Muscle strength was 5/5 in elbow and fingers. Left upper extremities showed full range of motion. There was pain to palpation in the lumbosacral joint with painful extension and flexion of lumbar spine. Electro diagnostic study (03/20/2015) showed evidence consistent with abnormalities involving the left seventh cervical nerve root (chronic in nature). MRI done in 2009 showed anterior cervical fusion at cervical 5-6 with some degeneration of facets at cervical 3, 4, and 5. MRI done on 3/20/15 showed the fusion with minimal disc bulge at cervical 4-5 and 6-7 without evidence for central canal or neural foraminal stenosis. His current medications included Norco, Lyrica, Androgel, Zanaflex, Robaxin, Anaprox, Omeprazole and Docuprene. He also had a medical marijuana license. Previous drug screens

and CURES reports were consistent with his prescribed medications. The provider documents the following regarding current treatments: The injured worker reported 40% relief with opioids. Lyrica helps with nerve pain in the shoulder, arm and feet with 60% relief and AndroGel provides more energy. Treatment plan included current medications, cervical MRI and left upper extremity electro diagnostic studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone (AndroGel) 1.62% 20.25mg/20.25mg/1.25gram 150g with one refill: 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), Pain Chapter, Testosterone replacement for hypogonadism (related to opioids).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 110-111.

Decision rationale: CA MTUS recognizes that hypogonadism has been noted in patients taking intrathecal or high dose opioid therapy long term. However, testing of testosterone levels is not recommended as a routine measure in patients taking opioids and is to be considered in cases where there is documentation of objective physical findings of hypogonadism, such as gynecomastia. Etiology of decreased sexual function, a symptom of hypogonadism, is confounded by several factors including the following: (1) The role of chronic pain itself on sexual function; (2) The natural occurrence of decreased testosterone that occurs with aging; (3) The documented side effect of decreased sexual function that is common with other medications used to treat pain (SSRIs, tricyclic antidepressants, and certain anti-epilepsy drugs); & (4) The role of comorbid conditions such as diabetes, hypertension, and vascular disease in erectile dysfunction. In this case, there are no documented objective findings of hypogonadism and no clear connection of the diagnosed erectile dysfunction with chronic opioid use. Testosterone (AndroGel) is not medically necessary and the original UR denial is upheld.

Tizanidine (Zanaflex) 4mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in

this case does not document an acute exacerbation and the request is for ongoing regular daily use of tizanidine. This is not medically necessary and the original UR decision is upheld.

Methocarbamol (Robaxin) 750 750mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of methocarbamol. This is not medically necessary and the original UR decision is upheld.