MAXIMUS Federal Services

Case Number:	CM15-0238577		
Date Assigned:	12/16/2015	Date of Injury:	03/12/2003
Decision Date:	01/21/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	12/07/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 53 year old male who sustained an industrial injury on 3-12-03. A review of the medical records indicates he is undergoing treatment for severe complex lumbar spine pain with radiculopathy - this is a combination of post-laminectomy syndrome, lower extremity radiculopathy with neuropathia, scarring and fibrosis, and axial-mechanical low back pain, myosfasciitis, and sacroiliitis. Medical records (6-24-15, 8-20-15, 10-28-15, and 11-23-15) indicate ongoing complaints of "severe" low back pain, buttock pain, and leg pain with associated numbness, burning, and sharp, shooting pain that radiates to his upper legs, down to his calves, and into his feet. He rates the pain "9-10 out of 10" without medications and "3-4 out of 10" with medications. The provider indicates that he has an intrathecal infusion pump and "has been stable on MSIR". The record indicates that "without his medications, it is even difficult for the patient to walk or sit for extended periods of time". The provider indicates that he is "compliant with his medication regimen". The physical exam (11-23-15) reveals decreased range of motion of the lumbar spine. The straight leg raise is positive bilaterally. "Moderate to severe" tenderness is noted in the "high" lumbar area to the sacrum with "exquisite" tenderness over the sacrococcygeal junction. "Mild" tenderness is noted in the sacroiliac region. The sensory exam shows "slight" decreased sensation "diffusely" over the lower leg. Diagnostic studies have included urine drug screening on 11-23-15. Treatment has included medications. His medications include MSIR (since at least 6-24-15), Wellbutrin, Senokot-S, Neurontin, and Testim (since at least 6-24-15). The utilization review (11-24-15) includes requests for

authorization of MSIR 30mg 8 times daily #240 for 30 days and Testim (Testosterone) spray, 1 pump daily. The MSIR was modified to a quantity of 90. Testim was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

MSIR 30 MG 8x Every Day #240/30 Days: 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 Medical Treatment 2009, Section(s): Implantable drug-delivery systems (IDDSs), Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing.

Decision rationale: The claimant has a remote history of a work injury occurring in March 2003 and continues to be treated for low back and lower extremity pain. He was seen for refill of his intrathecal infusion pump and for medication refills in November 2015. He had complaints similar to previously and was having symptoms of severe low back, buttock, and leg pain with numbness, burning episodes, and sharp shooting pain. Medications are referenced as decreasing pain from 9-10/10 to 3-4/10 with improved activities of daily living. Physical examination findings included mild paravertebral tenderness into the trapezius consistent with mild myofascial pain. There were well healed lumbar surgical scars. There was decreased lumbar range of motion. Straight leg raising was positive bilaterally. There was moderate to severe lumbar tenderness down to the sacrum with exquisite tenderness over the sacrococcygeal junction. There was mild sacroiliac tenderness. There was slightly decreased pinprick sensation over the lower leg. The claimant's intrathecal pump was refilled with Dilaudid, clonidine, and bupivacaine. MSIR was being prescribed at a total MED (morphine equivalent dose) of 240 mg per day. Testim, Wellbutrin, Neurontin, and Senokot-S were also being prescribed. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed from the claimant's oral MSIR alone is two times that recommended and he is also receiving intrathecal Dilaudid. Use of an intrathecal drug delivery system would indicate a failure of high dose opioid medications. Continued use of both an intrathecal drug delivery system and oral morphine at a high MED cannot be accepted as being medically necessary.

Testim (Testosterone) Spray 1 Pump Every Day: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Testosterone replacement for hypogonadism (related to opioids).

Decision rationale: The claimant has a remote history of a work injury occurring in March 2003 and continues to be treated for low back and lower extremity pain. He was seen for refill of his intrathecal infusion pump and for medication refills in November 2015. He had complaints similar to previously and was having symptoms of severe low back, buttock, and leg pain with numbness, burning episodes, and sharp shooting pain. Medications are referenced as decreasing pain from 9-10/10 to 3-4/10 with improved activities of daily living. Physical examination findings included mild paravertebral tenderness into the trapezius consistent with mild myofascial pain. There were well healed lumbar surgical scars. There was decreased lumbar range of motion. Straight leg raising was positive bilaterally. There was moderate to severe lumbar tenderness down to the sacrum with exquisite tenderness over the sacrococcygeal junction. There was mild sacroiliac tenderness. There was slightly decreased pinprick sensation over the lower leg. The claimant's intrathecal pump was refilled with Dilaudid, clonidine, and bupivacaine. MSIR was being prescribed at a total MED (morphine equivalent dose) of 240 mg per day. Testim, Wellbutrin, Neurontin, and Senokot-S were also being prescribed. Testosterone replacement for hypogonadism related to opioid use can be recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. In this case, there are no lab test results that demonstrate that the claimant has a low testosterone level. The request is not medically necessary.