

Case Number:	CM14-0117935		
Date Assigned:	08/06/2014	Date of Injury:	09/18/1991
Decision Date:	10/30/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 gentleman who was reportedly injured on September 18, 1991. The most recent progress note dated July 7, 2014, indicated that there were ongoing complaints of pain in the bilateral lower extremities. Pain was rated at 8/10 at its worst and 6/10 at its best. It was described as the injured worker is able to the light yardwork. It is also noted that the injured worker is taking testosterone injections for a number of months without any specific clinical indication presented in the progress note. The physical examination demonstrated tenderness over the lateral malleolus of the right ankle with moderate swelling. There was decreased sensation to light touch at the lateral aspect of the right foot. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included ankle surgery and oral medications. A request was made for Naprosyn 500mg, Neurontin 300mg and a testosterone injection and was not certified in the pre-authorization process on July 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 66 AND 73 OF 127.

Decision rationale: This request for Naprosyn 550 mg does not indicate the dosing schedule for this medication. A request for 90 tablets is assumed that this is prescribed for three times per day, which would exceed the recommended dosing of 1100mg per day. Given that any determination to support a medication cannot be based on an assumption would be the 1st reason why this would be not clinically indicated. Additionally, the physical examination noted pain and tenderness to palpation, and there is no indication of any improvement in the overall clinical situation. When noting the 1991 date of injury, no change the physical examination it is clear that the efficacy of this medication has not been established. As such, this request for Naprosyn 550mg, 90 tablets, is not medically necessary.

Depo-Testosterone 200mg/ml 1-3ml Injection #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Testosterone Replacement for Hypogonadism, Updated October 6, 2014.

Decision rationale: A review of the medical record indicates that the injured employee had a normal testosterone level when measured on February 14, 2014. The treating provider went from a position of the injured worker pursuing testosterone injections on his own accord and transitioning over to this injury without any specific narrative as to why this treatment is necessary. The progress note is lacking in terms of establishing the necessity for this preparation. Considering this, it is unclear why there is a request for a testosterone injection. This request for Depo-testosterone 200 mg/mL 1-3 mL injection #1 is not medically necessary.

Neurontin 300mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 16-20, 49 OF 127.

Decision rationale: The progress note indicated the diagnosis as lumbar disc disease. There is an indication for the medication as outlined, but there is no narrative in the progress note explaining why this preparation is being prescribed, what improvements are accomplished with the use of this drug, or any other demonstration of the efficacy of this intervention. When noting the parameters for such a medication outlined in the MTUS, and noting that this is an off label use of this medication without any demonstration of the efficacy there is little clinical data to support the ongoing use. Accordingly this is not medically necessary based on the progress note provided.

