

Case Number:	CM14-0027559		
Date Assigned:	03/07/2014	Date of Injury:	03/28/2005
Decision Date:	04/15/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/05/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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 42 year old male injured worker had a date of injury 3/28/05 with related back pain, right hip pain, and right forearm stump pain. He has been diagnosed with chronic low back pain with radiculitis; sacroilitis; and failed back surgery syndrome. He is status post right hand amputation, and status post hardware removal L3, L4, L5, and S1 on 9/16/13. He had a history of high opiate tolerance, and per 1/14/2014 note he had dapered off all opiate medication and was taking a small amount of adjunctive pain medications. MRI of the lumbar spine revealed multiple broad based bulges, mild central canal narrowing and mild-moderate bilateral neural foraminal narrowing at L3-L4 and L5-S1. He has been treated with physical therapy, medication management, and surgery. The date of UR decision was 2/7/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR TESTIM 1% GEL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TESTOSTERONE REPLACEMENT FOR HYPOGONADISM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TESTOSTERONE REPLACEMENT FOR HYPOGONADISM Page(s): 110.

Decision rationale: With regard to testosterone replacement, the MTUS CPMTG states: "Recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Hypogonadism has been noted in patients receiving intrathecal opioids and long-term high dose opioids." The documentation submitted for review indicates that the injured worker has recently (1/14/14) tapered off all opiate medication after long term high dose use. He has been treated with Testim 1% gel since at least 5/22/13. There are no documented subjective complaints or objective findings that indicate signs or symptoms of hypogonadism as of 1/14/14. He is not currently being treated with opioid medication. Without documentation of testosterone levels or symptoms of hypogonadism, medical necessity cannot be affirmed. The request is not medically necessary.

PRESCRIPTION OF TOPICAL COMPOUNDED KETAMINE, FLEXERIL, GABAPENTIN, LIDOCAINE, TRAMADOL AND CAPSAICIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

Decision rationale: With regard to Ketamine MTUS states: Under study: Only recommended for treatment of neuropathic pain in refractory cases in which all primary and secondary treatment has been exhausted. Topical ketamine has only been studied for use in non-controlled studies for CRPS I and post-herpetic neuralgia and both have shown encouraging results. With regard to Flexeril MTUS states: There is no evidence for use of any other muscle relaxant as a topical product. With regard to Gabapentin MTUS states: Not recommended. There is no peer-reviewed literature to support use. With regard to lidocaine MTUS states: "Further research is needed to recommend this treatment for chronic neuropathic pain disorders and other than post-herpetic neuralgia" and "Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. (Scudds, 1995)". The MTUS is silent on the use of topical Tramadol. With regard to Capsaicin MTUS states: Recommended only as an option in patients who have not responded or are intolerant to other treatments. Regarding the use of multiple medications, MTUS p60 states "Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The recent AHRQ review of comparative effectiveness and safety of analgesics for osteoarthritis concluded that each of the analgesics was associated with a unique set of benefits and risks, and no currently available analgesic was identified as offering a clear overall advantage compared with the others." Therefore, it would be optimal to trial each medication individually. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. As Flexeril and Gabapentin are definitively not recommended, the topical compound is not recommended. The request is not medically necessary.

