MAXIMUS Federal Services

Case Number:	CM14-0135886		
Date Assigned:	09/03/2014	Date of Injury:	11/09/1993
Decision Date:	05/01/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	08/22/2014

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. 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: New York
Certification(s)/Specialty: Emergency Medicine

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 (IW) is a 69-year-old male who has reported neck and back pain after an injury on 11/09/1993. Other conditions that may be part of this claim are sleep difficulties and hypogonadism. The diagnoses include cervical post laminectomy syndrome, chronic pain, myalgia, myositis, headache, and hypogonadism. Treatment to date has included medications and surgery. The primary treating physician periodic reports repeat much of the same information from report to report, and routinely mention the same non-specific description of functional improvement with unspecified medications and testosterone. On one of the visits a lidocaine solution was apparently given IV as an analgesic. No cardiac monitoring was documented. None of the reports discuss the specific indications and medical necessity for Nuvigil, a sleep study, testosterone, DHEA, Norco, and Soma. Per the reports of 2/12/14 and 5/7/14, the injured worker was seen by a secondary physician for internal medicine conditions, including a prior stroke affecting his right side. Conditions included hypertension, coronary artery disease, peripheral vascular disease, and dysrhythmia. There was mention of any endocrine disorders. Per the reports of the primary treating physician of 7/8/14 and 7/23/14, unspecified meds help with yard work and going to the store. Pain is 7-9/10 with minimal medications. He receives IM testosterone weekly, which improves activity. He has more headaches. The physical examination was notable for a poor affect, poor cognitive function, tenderness, and right upper extremity sensory deficit. Labs show high testosterone and low DHEA. Current medications include Norco, Soma, DHEA, testosterone and Nuvigil. A pain contract is present. Nuvigil helped and was prescribed. He needs a sleep study. He has some

rendition on the theme of narcolepsy. On 8/19/14 Utilization Review partially certified Soma and Norco, and non-certified a sleep study, DHEA, Nuvigil, and testosterone. The MTUS and the Official Disability Guidelines were cited Note was made of the lack of sufficient indications for these treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

SLEEP STUDY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Polysomnography and Other Medical Treatment Guidelines Practice Parameters for the Indications for Polysomnography and Related Procedures: An Update for 2005. SLEEP 2005;28(4):499-521.

Decision rationale: The MTUS does not provide direction for evaluating or treating sleep disorders. The American Academy of Sleep Medicine (AASM) has published practice parameters for polysomnography (PSG) and related procedures. The conditions addressed included sleep related breathing disorders, other respiratory disorders, narcolepsy, parasomnias and sleep related seizure disorders, restless legs syndrome and periodic limb movement sleep disorder, depression with insomnia, and circadian rhythm sleep disorders. The initial evaluation "should include a thorough sleep history and a physical examination that includes the respiratory, cardiovascular, and neurologic systems." The general evaluation should serve to establish a differential diagnosis of SRBDs, which can then be used to select the appropriate test(s). The general evaluation should therefore take place before any PSG is performed. The Official Disability Guidelines recommend polysomnography under some circumstances, including: Excessive daytime somnolence; Sleep-related breathing disorder or periodic limb movement disorder is suspected; & Insomnia complaint for at least six months (at least four nights of the week), unresponsive to behavior intervention and sedative/sleep-promoting medications and psychiatric etiology has been excluded. A sleep study for the sole complaint of snoring, without one of the above mentioned symptoms, is not recommended. The treating physician has not provided sufficient indications for this study in light of the published guidelines and medical evidence. There is no evidence of a thorough medical evaluation that establishes the presence of all relevant medical conditions. The recommended prior conservative care prior to ordering a sleep study, per the Official Disability Guidelines, has not been completed. A sleep study is not medically necessary based on lack of sufficient medical evaluation and the lack of sufficient current indications.

DHEA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HTTP://WWW.NLM.NIH.GOV/MEDINEPLUS/DRUGINFO/NATURAL/331.HTML.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Dehydroepiandrosterone and its sulfate.

Decision rationale: The MTUS does not address DHEA. The UpToDate guideline cited above recommends that DHEA be used only for women with adrenal insufficiency. The treating physician has provided no specific indications, and its use now does not appear to meet guideline recommendations. The DHEA is therefore not medically necessary.

NUVIGIL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation HTTP://WWW.NUVIGIL.COM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Modafinil (Provigil).

Decision rationale: The MTUS does not provide direction for the use of modafinil or equivalents like Nuvigil. The Official Disability Guidelines recommend against using armodafinil to counteract the sedation caused by opioids unless excessive narcotic prescribing is first considered. There is no evidence in this case that such considerations have occurred. The Official Disability Guidelines stated that armodafinil is indicated for treatment of narcolepsy, obstructive sleep apnea, and shift work sleep disorder, and that prescribing should be accompanied by a complete evaluation of these disorders. The treating physician has not provided evidence of these disorders along with a complete evaluation for these conditions. In this case, the treating physician has not provided a specific indication for armodafinil. If prescribed for use with opioids, this is not a valid indication per the cited guidelines. There is no evidence of the other indications. Armodafinil is not medically necessary per the cited guidelines and the lack of clear indications.

NORCO 10/325 #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management. Opioids, steps to avoid misuse/addiction. indications, Chronic back pain. Mechanical and compressive etiologies. Medication trials Page(s): 77-81,94,80,81,60.

Decision rationale: There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should

be a prior failure of non-opioid therapy. There is no evidence of a random drug testing program. None of the reports address the results of taking Norco specifically, as the treating physician refers only to unspecified medications as resulting in non-specific benefit. The prescribing physician does not specifically address function with respect to prescribing opioids. The reported functional benefit is not described sufficiently to allow for any determination of actual and significant improvement. Page 60 of the MTUS, cited above, recommends that medications be trialed one at a time with determination of specific benefit for each medication. This has not occurred. As currently prescribed, this opioid does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS.

SOMA 350 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Carisoprodol (Soma) Page(s): 63,29.

Decision rationale: The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months or more. The quantity prescribed implies long term use, not a short period of use for acute pain. Treatment for spasm is not adequately documented. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Per the MTUS, carisoprodol is categorically not recommended for chronic pain. Note its habituating and abuse potential. Per the MTUS, this muscle relaxant is not indicated and is not medically necessary.

TESTOSTERONE CYPIONATE 0.7 CC: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 110-111. Decision based on Non-MTUS Citation ODG regarding testosterone replacement (related to Opioids).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110. 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 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 for the reasons stated in the MTUS. 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.