

Case Number:	CM14-0214455		
Date Assigned:	01/07/2015	Date of Injury:	07/28/1994
Decision Date:	03/03/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/22/2014

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: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 20, 1994. In a Utilization Review Report dated December 15, 2014, the claims administrator approved a sacroiliac joint injection and a serum testosterone level while denying AndroGel (AKA topical testosterone) and oral Norco. The claims administrator noted that the applicant had a lengthy history of multiple prior lumbar spine surgeries, bilateral knee surgeries, and multiple right shoulder surgeries. Non-MTUS guidelines were invoked to deny the AndroGel pump, despite the fact that the MTUS addressed the topic. An RFA form dated December 4, 2014 was also referenced. The applicant's attorney subsequently appealed. On June 12, 2014, the applicant reported persistent complaints of low back pain, highly variable, 3-8/10. Norco and Duragesic were renewed. The attending provider stated that medications were beneficial but did not elaborate further. The attending provider stated that the applicant's sleep was reportedly ameliorated as a result of medication consumption but did not identify any other improvements. The attending provider stated that AndroGel was ameliorating the applicant's energy levels. On July 10, 2014, the attending provider again stated that AndroGel was ameliorating the applicant's mood and function and also stated that opioid therapy was beneficial. The applicant's work status, once again, was not clearly outlined. On August 12, 2014, the applicant received multilevel facet injections. Norco was renewed on October 2, 2014. The applicant went on to receive further facet injections on September 23, 2014. On October 2, 2014, Norco was renewed. A sacroiliac joint injection was sought. The applicant's primary operating diagnosis was facet

syndrome. The applicant reported 10/10 pain on this date and stated that standing, walking, and lying down were all problematic activities. The applicant was using AndroGel, Norco, Voltaren gel, Flexeril, Lidoderm patches, and Zestoretic. Sacroiliac joint injection therapy was again sought. On October 30, 2014, the applicant again reported persistent complaints of low back pain. The applicant's current pain rating was 10/10. The note was very difficult to follow and mingled historical issues with current issues. The applicant stated that lying down, sitting, standing, and walking were all problematic. Multiple medications were renewed, including Lidoderm, Flexeril, Voltaren, AndroGel, and Norco. An SI joint injection was sought. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

AndroGel pump 20.25mg/ACT 1.62% gel #1, apply once daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism Page(s): 110.

Decision rationale: While page 110 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that testosterone replacement is recommended in limited circumstances for applicants with documented low testosterone levels in individuals taking high dose long-term opioids, in this case, however, there was no mention of the applicant's having documented low testosterone levels. The attending provider did not clearly identify laboratory tests and/or laboratory values which established a diagnosis of hypogonadism. Multiple progress notes, referenced above, did not contain any references to the applicant's having laboratory-proven low testosterone levels. The attending provider likewise failed to establish any elements to the applicant's clinical presentation which might be suggestive of hypogonadism, such as gynecomastia, for instance. Therefore, the request is not medically necessary.

Norco 10/325mg, 2 tab Q4-6 PRN, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant appears to be off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The attending provider did not clearly articulate the

applicant's work status on multiple office visits, referenced above. The attending provider's progress notes were, furthermore, internally inconsistent. Several progress notes, referenced above, suggested that the applicant continued to report pain in the 10/10 range, despite ongoing medication consumption while other sections of the progress notes stated that the applicant was deriving analgesia as a result of ongoing medication consumption. These comments are, however, outweighed by the attending provider's incongruous and at times internally inconsistent reporting of events, the attending provider's reports to the effect that the applicant was having difficulty performing activities of daily living as basic as sitting, standing, and walking, and the applicant's seeming failure to return to work. Therefore, the request is not medically necessary.