

Case Number:	CM14-0215798		
Date Assigned:	01/05/2015	Date of Injury:	08/20/1991
Decision Date:	03/10/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/23/2014

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 52 year old male sustained a work related injury on 8/20/1991. The mechanism of injury was not described. The current diagnoses are chronic low back pain, depression, and anxiety. According to the progress report dated 11/10/2014, the injured workers chief complaints were mid and low back pain, tingling and burning pain in bilateral thighs, left greater than right and left "butt cheek on fire". He reports pain levels have increased since IMR cut him off pain medications. Pain is rated 8/10 with medications and 10/10 without. The physical examination revealed intact sensory except numbness in the left thigh. Current medications are Norco, in which he got filled through his own insurance. On this date, the treating physician prescribed Testosterone, Zohydro, CBC, testosterone level, and MRI of the thoracic and lumbar spine, which is now under review. When Testosterone, Zohydro, CBC, testosterone level, and MRI of the thoracic and lumbar spine were prescribed work status was off work. On 12/10/2014, Utilization Review had non-certified a prescription for Testosterone, Zohydro, CBC, testosterone level, and MRI of the thoracic and lumbar spine. The MRI was non-certified based on not meeting red-flag conditions. The Testosterone, Zohydro, CBC, and testosterone level were non-certified based on tapered dose of opioid medications. The California MTUS ACOEM and Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the thoracic spine and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): Chapter 8 page 182 and Chapter 12 page 309.

Decision rationale: MRI imaging of the thoracic or lumbar spine is indicated if there are specific neurological findings prompting a spinal differential diagnosis or if there are red flag findings on history or exam suggesting spinal pathology. The records do not document such red flag items in the history or exam at this time. This request is not medically necessary.

Testosterone 200mg (3 month supply): Overturned

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: MTUS recommends testosterone replacement for patients taking high-dose long-term opioids with documented low testosterone levels. A prior review concluded this treatment was no longer necessary since the patient was previously tapered off opioids since at least August 2014. However, treatment records indicate the patient has continued to treat with opioids through his own insurance. Testosterone treatment does remain medically necessary in this situation.

Complete Blood Count (CBC) Diff and testosterone level total and bioavailable: 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: MTUS recommends testosterone replacement for patients taking high-dose long-term opioids with documented low testosterone levels. However, MTUS does not discuss an indication for CBC testing along with testosterone level testing. The rationale for the requested complete blood count is not apparent in the records and guidelines. Therefore this overall request is not medically necessary.

Zohydro ER 30mg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management and Opioids for Chronic Pain Page(s): 78 and 80.

Decision rationale: MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.