

Case Number:	CM14-0095647		
Date Assigned:	07/25/2014	Date of Injury:	02/18/2009
Decision Date:	06/03/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/23/2014

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: California
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 is a 53-year-old male, who sustained an industrial injury on 02/18/2009 that resulted in a closed head injury, cervical and lumbar spine radiculopathy, and left shoulder strain/strain and status post left below the knee amputation. According to a progress report dated 04/08/2015, the injured worker complained of headaches, jaw/face pain, bilateral shoulder pain, neck pain, low back pain, left hip and left stump pain. Treatment to date has included radiographic imaging, chiropractic care, electrodiagnostic studies, injections, acupuncture, physical therapy and medications. Work related surgeries have included total right hip revision, left carpal tunnel release, stump neuroma resections, right shoulder arthroscopy and jaw/facial reconstruction. Current medication regimen included Percocet, Lyrica, Lunesta, Viagra, Prilosec, Cymbalta, Amrix and Lidoderm Patch 5%. Diagnoses included chronic pain syndrome-worse, cervical spine herniated nucleus pulposus-worse, cervical radiculitis-stable, lumbar spine herniated nucleus pulposus-worse, lumbar radiculitis-worse, hip fracture-worse, headache-worse, shoulder internal derangement-worse and secondary insomnia-worse. Currently under review is the request for Lunesta and an endocrinologist evaluation and treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 2mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Food and Drug Administration Website (www.fda.gov).

Decision rationale: The patient sustained a significant injury on 2/2009 including a closed head injury, spinal as well as extremity trauma. He has been on sleep aid medication for a prolonged period of time. The FDA states, "The failure of insomnia to remit after 7 to 10 days of treatment may indicate the presence of a primary psychiatric and/or medical illness that should be evaluated." There is no documentation of an evaluation documenting the specific etiology of his insomnia. This would be required for ongoing use. Therefore, the request is not medically necessary.

Endocrinologist Evaluation and Treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: There appears to be evidence of opioid induced hypogonadism with a testosterone blood level taken at 146 ng/dl. This would be considered below normal. The MTUS guidelines state the following: "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. Routine testing of testosterone levels in men taking opioids is not recommended; however, 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." As suggested above, an endocrinology consult would be indicated. This would allow for evaluation of possible testosterone replacement therapy. Therefore, the request is medically necessary.