

Case Number:	CM15-0015049		
Date Assigned:	02/03/2015	Date of Injury:	03/12/2003
Decision Date:	03/23/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/27/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 52 year old male, who sustained an industrial injury on 03/12/2003. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include severe complex lumbar spine pain with radiculopathy, post laminectomy syndrome, lower extremity radiculopathy with neuropathia, mechanical low back pain, myofasciitis, and sacroiliitis. Treatment to date has included computed tomography guided lumbar puncture, intrathecal infusion system, above noted surgical procedure, medication regimen, and laboratory studies. In a progress note dated 11/20/2014 the treating provider reports increased symptoms of severe, constant low back, buttock, and leg pain with numbness, burning, along with sharp shooting pain. The injured worker noted the pain a nine to ten without medication and three to four with medication. The treating physician requested the below listed medications noting that the injured worker's pain level decreases to a three to four with these medications. On 01/02/2015 Utilization Review modified the requested treatment of Oxycodone 30mg for 9/day to Oxycodone 30mg for 9/day with a quantity of 90, Senokot-S tablets three tablets daily to Senokot-S three tablets daily with a quantity of 90, and Neurontin 300mg three times a day to Neurontin 300mg three times a day for a quantity of 90, and non-certified the requested treatment of Androgel 1%, 2 bottles, 4-5 pumps daily, noting the Medical Treatment Utilization Schedule, 2009:, page 74, Opioids and page 13 Antidepressants for Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30mg, 9/day: Upheld

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 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2003. The medical course has included numerous treatment modalities and use of several medications including narcotics and gabapentin. Per the guidelines, in opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 11/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to oxycodone to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of oxycodone is not substantiated in the records.

Senokot-S tabs 3, QD: 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 Senna -drug information and Management of chronic constipation in adults - uptodate

Decision rationale: Senna is a stimulant laxative in combination with a stool softener. Senna is used for the short-term treatment of constipation and it's unlabeled use is to evacuate the colon for bowel or rectal examinations or management/prevention of opioid-induced constipation. Stimulant laxatives primarily exert their effects via alteration of electrolyte transport by the intestinal mucosa. They also increase intestinal motor activity. In this injured worker, it is not documented whether he has been prescribed an opioid analgesic which can cause constipation. However, the review of systems, history and physical exam do not document any issue with constipation to justify medical necessity for the Senokot.

Neurontin 300mg TID: Upheld

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 9792.20 - 9792.26 Page(s): 16-22.

Decision rationale: This worker has chronic pain with an injury sustained in 2003. The medical course has included numerous diagnostic and treatment modalities use of several medications including narcotics and gabapentin. Per the guidelines, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. For chronic non-specific axial low back pain, there is insufficient evidence to recommend the use of gabapentin. After initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects. The medical note of 11/14 fails to document any improvement in pain, functional status or a discussion of side effects specifically related to gabapentin to justify use. The medical necessity of gabapentin is not substantiated in the records.

Androgl 1% 2 bottles, 4-5 pumps QD: 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 American Urological Association Guideline for the Management of Erectile Dysfunction. <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm>

Decision rationale: This injured worker has a history of chronic pain and opioid use. The note of 11/14 does not document any issue with erectile dysfunction or a rationale for androgl. . The initial management of erectile dysfunction begins with the identification of comorbidities and risk factors including prescription and recreational drug use. This worker has hypogonadism presumably related to the side effects of opioids. Testosterone replacement for hypogonadism (related to opioids) is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. The risks and benefits and side effects of androgl were not documented as discussed with the worker. There are no low testosterone levels in the records to support replacement therapy. The records do not support the medical necessity of androgl.