

Case Number:	CM15-0178838		
Date Assigned:	09/21/2015	Date of Injury:	10/18/2005
Decision Date:	10/26/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/10/2015

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: 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 injured worker is a 40 year old male who sustained an industrial injury on 10-18-05. The injured worker reported right leg pain. A review of the medical records indicates that the injured worker is undergoing treatments for severe left low back pain down to left buttock secondary to lumbar degenerative disc disease with radiculitis, spondylolisthesis at L5-S1, right knee instability, right lower limb severe periphery neuropathy with weakness, right low limb chronic pain, status post spinal cord stimulator implantation. Medical records dated 8-13-15 indicate pain rated at 4 out of 10. Treatment has included Methadone, Ultram, Cymbalta, lumbar spine radiographic studies (8-13-13), Butrans patch, spinal cord stimulator revision, Norco, and injection therapy. Objective findings dated 8-13-15 were notable for a slight antalgic gait, tenderness to the right knee, right ankle. The treating physician indicates that the urine drug testing result (8-29-14) showed no aberration. The original utilization review (8-24-15) denied a request for Ultram 50 milligrams 3 times a day as needed quantity of 90 with 1 refill, Tizanidine 4 milligrams 3 times a day as needed quantity of 90 with 1 refill and Testin 1% (50 milligrams) gel 2 tubes gel quantity of 90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg 3 times a day as needed #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is a lack of documentation providing objective evidence of functional improvement or significant pain relief with the use of Ultram. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Ultram 50mg 3 times a day as needed #90 with 1 refill is not medically necessary.

Tizanidine 4mg 3 times a day as needed #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications, Muscle relaxants (for pain).

Decision rationale: Non-sedating muscle relaxants (for pain) are recommended by the MTUS Guidelines with caution for short periods for treatment of acute exacerbations of chronic low back pain, but not for chronic or extended use. Drowsiness, dizziness and lightheadedness are commonly reported adverse reactions with the use of Robaxin. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, but in most low back pain cases there is no benefit beyond NSAIDs. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, this medication is being used in a chronic nature and there is no evidence of acute exacerbation. Discontinuation of chronically used muscle relaxants should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Tizanidine 4mg 3 times a day as needed #90 with 1 refill is not medically necessary.

Testin 1% (50mg) gel 2 tubes gel #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Testosterone replacement for hypogonadism (related to opioids).

Decision rationale: 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. 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. If needed, testosterone replacement should be done by a physician with special knowledge in this field given the potential side effects such as hepatomas. There are multiple delivery mechanisms for testosterone. Hypogonadism secondary to opiates appears to be central, although the exact mechanism has not been determined. The evidence on testosterone levels in long-term opioid users is not randomized or double-blinded, but there are studies that show that there is an increased incidence of hypogonadism in people taking opioids, either intrathecal or oral. There is also a body of literature showing that improvement in strength and other function in those who are testosterone deficient who receive replacement. This appears to be more pronounced than in patients taking oral opiates than in patients receiving intrathecal opioids, and this difference seems to be related to differences in absorption. In this case, there is no evidence in the available documentation that the injured worker has low testosterone levels. The request for Testin 1% (50mg) gel 2 tubes gel #90 with 1 refill is not medically necessary.