

Case Number:	CM15-0024664		
Date Assigned:	02/17/2015	Date of Injury:	12/24/2007
Decision Date:	04/14/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/09/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 51-year-old male, with a reported date of injury of 12/24/2007. The diagnoses include cervical spine pain, lumbar spine pain, failed surgical fusion of C4-7, and broken screws with anterior protrusion at C7. Treatments have included an MRI of the cervical spine on 04/21/2014, an x-ray of the cervical spine on 03/23/2012, cervical spine surgery on 03/29/2012, and medications. The progress report dated 01/20/2015 was handwritten and partially illegible. The report indicates that the injured worker was scheduled for surgery on 01/26/2015. He rated his neck pain 6-7 out of 10 with medications. Without the medication, the injured worker drops things, especially from the right hand. It was noted that Nucynta works well, but it's better with Opana. The objective findings included diminished sensation in both hands, and bilateral motor strength was 3 out of 5. It was noted that the pain medications were very clearly indicated and necessary for a broken neck and muscle reactive spasms. The treating physician requested testosterone 200mg/ml, Soma 350mg #60, and Nucynta 100mg #150. On 02/04/2015, Utilization Review (UR) denied the request for testosterone 200mg/ml 20mg bottle #1 and Soma 350mg #60, and modified the request for Nucynta 100mg #150. The UR physician noted that there was no documentation of hypogonadism or lab values that might suggest hypotestosterone; no documentation that a first level opioid had failed to benefit the injured worker, of a pain contract, or that the use of Nucynta was of any benefit to the injured worker; and Soma is not to be used long-term. The Official Disability Guidelines, www.drugs.com, the MTUS ACOEM Guidelines, and the MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone 200mg/ml 20mg bottle, #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section-Testosterone replacement for hypogonadism (related to opioids).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism Page(s): 144.

Decision rationale: MTUS guidelines state regarding Testosterone supplementation, "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." Regarding this patient's case, there is no documentation of hypogonadism or of laboratory values suggestive of low testosterone. Likewise, this request is not considered medically necessary.

Nucynta 100mg #150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115 Page(s): Criteria for use of opioids, page(s) 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain". MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is no objective evidence of functional improvement with this patient's chronic narcotic medication. Likewise, this request for Nucynta is not considered medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs, page(s) 100, 97 Page(s): Antispasticity/Antispasmodic Drugs, page(s) 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Soma is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP". Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence". Likewise, this request for Soma is not medically necessary.