

Case Number:	CM15-0074480		
Date Assigned:	04/23/2015	Date of Injury:	07/17/2012
Decision Date:	05/27/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/20/2015

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, North Carolina
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 58 year old male, who sustained an industrial injury on 7/17/2012. He reported a trip and fall onto the right shoulder. The injured worker was diagnosed as having rotator cuff repair x 2 and cervical spine fusion cervical 2-7. Treatment to date has included surgery, physical therapy and medication management. In a progress note dated 3/18/2015, the injured worker complains of neck and right shoulder pain. The treating physician is requesting Norco, Fentanyl patch and Testim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Hydrocodone/Acetaminophen; Opioids, criteria for use Page(s): 76-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: Opioids are indicated for moderate to severe pain. This patient is s/p rotator cuff repair x 2 and c-spine fusion. A review of the submitted records did not reveal objective outcomes of the use of this medication, including pain level scores or improvement in function. Ongoing opioid treatment should be based on the efficacy at decreasing pain score levels and improving function. Ongoing monitoring of urine drug screening and an opioid pain contract should also be in place to address patient compliance, which were not in evidence in the submitted records. The request is deemed not medically necessary.

Fentanyl patch 25mcg, #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 44, 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 44, 111.

Decision rationale: Topical analgesics are largely experimental in use with few randomized controlled trials. They are primarily recommended for neuropathic pain when trials of antidepressants and antiepileptic drugs have failed. This patient is status post right rotator cuff repair x 2 and c-spine fusion from C2-C7. Ongoing opioid therapy should be based on documentation of their efficacy at decreasing pain score levels and improving function. Ongoing monitoring of urine drug screening and opioid pain contracts should also be in place to address patient compliance. The records submitted do not comply with these recommendations, therefore the request is deemed not medically necessary.

Testim 5g, #3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110-111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines testosterone replacement for hypogonadism (related to opioid therapy) Page(s): 110-111.

Decision rationale: MTUS states that testosterone replacement is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. The records submitted do not reveal any low testosterone levels to substantiate the medical necessity for this medication. The request is not medically necessary.