

Case Number:	CM15-0099692		
Date Assigned:	06/02/2015	Date of Injury:	10/23/2008
Decision Date:	07/03/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/24/2015

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: 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:

This 48-year-old man sustained an industrial injury on 10/23/2008. The mechanism of injury is not detailed. Diagnoses include contact dermatitis, depressive disorder, lumbar intervertebral disc disorder with myelopathy, bruxism, insomnia, and agoraphobia. Treatment has included oral medications. Physician notes dated 1/16/2015 show complaints of low back pain that is somewhat worsened due to a rash that has developed at his pain patch sites and he has therefore been unable to use them. He has subsequently experienced an increase in depression, agitation, and insomnia. Recommendations include stop all patches, trial Triamcinolone cream, increase Trazadone, Voltaren gel, increase Alprazolam, pain management specialist consultation, and follow up in six weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine 15mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Morphine 15mg quantity 90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain that is somewhat worsened due to a rash that has developed at his pain patch sites and he has therefore been unable to use them. He has subsequently experienced an increase in depression, agitation, and insomnia. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Morphine 15mg quantity 90 is not medically necessary.

Fortesta 10mg/0.5g gel, quantity 60 with one refill: 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 Testosterone replacement for hypogonadism (related to opioids) Page(s): 110-111.

Decision rationale: The requested Fortesta 10mg/0.5g gel, quantity 60 with one refill, is not medically necessary. CA Medical Utilization Treatment Schedule (7-18-09): Chronic Pain Medical Treatment Guidelines: Testosterone replacement for hypogonadism (related to opioids), Pages 110-111, note that testosterone replacement is "Recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels" and further, "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."The injured worker has low back pain that is somewhat worsened due to a rash that has developed at his pain patch sites and he has therefore been unable to use them. He has subsequently experienced an increase in depression, agitation, and insomnia. The treating physician has not documented current testosterone levels, PSA results or objective evidence of derived functional improvement. The criteria noted above not having been met, Fortesta 10mg/0.5g gel, quantity 60 with one refill is not medically necessary.

Alprazolam 0.5mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The requested Alprazolam 0.5mg quantity 30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence."The injured worker has low back pain that is somewhat worsened due to a rash that has developed at his pain patch sites and he has therefore been unable to use them. He has subsequently experienced an increase in depression, agitation, and insomnia. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Alprazolam 0.5mg quantity 30 is not medically necessary.

Norco 10/325mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The requested Norco 10/325mg quantity 30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has low back pain that is somewhat worsened due to a rash that has developed at his pain patch sites and he has therefore been unable to use them. He has subsequently experienced an increase in depression, agitation, and insomnia. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg quantity 30 is not medically necessary.