

Case Number:	CM14-0112033		
Date Assigned:	09/18/2014	Date of Injury:	10/04/2001
Decision Date:	09/23/2015	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/18/2014

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:

The injured worker is a 53 year old male, who sustained an industrial injury on 10/4/01. He reported pain in the head, neck and shoulder. The injured worker was diagnosed as having insomnia, cervicocranial syndrome, facet arthropathy, occipital neuralgia, muscle spasms, chronic pain syndrome, depression, myalgia and myositis, hypertension, carpal tunnel syndrome, neck pain, cervical strain, cervical herniated nucleus pulposes, and cervical degenerative disc disease. Treatment to date has included physical therapy, chiropractic treatment, home exercise, and medication. The injured worker had been taking Tramadol HCL and Trazodone since at least 6/8/12. Currently, the injured worker complains of neck pain, head pain, right shoulder pain, and right arm pain. The treating physician requested authorization for a CBC (including diff/PLT), TSH, Chem 19, free and total testosterone with LC/MS/MS, prothrombin time, laboratory test for Tramadol, laboratory test for Trazodone, Tramadol HCL 50mg #90, and 12 physical therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

CBC (including diff/PLT): Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.emedicinehealth.com/complete_blood_count_cbc/article_em.htm.

Decision rationale: The request is for a complete blood count blood test. The MTUS and ODG guidelines are silent regard this topic and as such, another source was used. A complete blood count is commonly ordered and measures the patients white and red blood cell count as well as platelets. The white blood cell count, when elevated, could be a marker for infection or leukemia while the red cell count reveals anemia. It is also used as a routine health screen exam. In this case, based on the patients symptoms described, a CBC would be indicated. As such, the request is medically necessary.

TSH: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation British Columbia Medical Services Commission; 2010 Jan 1. 6 p. [28 references].

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12.

Decision rationale: The request is for thyroid function testing. The ACOEM guidelines state the following regarding this topic: If a more comprehensive preplacement examination is done for health promotion or protection purposes, it may identify other risk factors and conditions such as obesity, thyroid disease, poor muscular conditioning, pregnancy, diabetes, and certain congenital anomalies. The employee should be counseled about factors associated with WRMSDs or other work-related health concerns and potential risks, particularly if he or she has any preexisting medical conditions. This process also allows the health care provider to communicate to the employer the need for appropriate restrictions, accommodations, or task redesign that would permit the employee to work safely. In this case, the request is reasonable. The patient does have a constellation of symptoms with thyroid dysfunction being a possible contributing factor. As such, the request is medically necessary.

Tramadol HCL (Ultram) 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-83 of 127.

Decision rationale: Tramadol is a pain medication in the category of a centrally acting analgesic. They exhibit opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Centrally acting drugs are reported to be effective in managing

neuropathic type pain although it is not recommended as first line therapy. The side effect profile is similar to opioids. For chronic back pain, it appears to be efficacious for short-term pain relief, but long term (>16 weeks) results are limited. It also did not appear to improve function. The use of Tramadol for osteoarthritis is indicated for short-term use only (<3 months) with poor long-term benefit. In this case, the patient does not meet the qualifying criteria or indications. As such, the request is not medically necessary.

Chem 19: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACR Appropriateness Criteria follow-up of Hodgkin's lymphoma.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/a-to-z-guides/comprehensive-metabolic-panel-topic-overview>.

Decision rationale: The request is for a comprehensive metabolic panel. This is a blood test, which measures your glucose level, electrolyte and fluid balance, kidney and liver function. The MTUS and ODG are silent regarding this topic. This panel is ordered at times for routine health screening or to rule out certain medical conditions based on the patients complaints. In this case, the patient does have symptoms which would warrant evaluation and a complete metabolic panel would be considered reasonable. As such, the request is medically necessary.

Free and total testosterone with LC/MS/MS: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Testosterone replacement for hypogonadism (related to opioids).

Decision rationale: The request is for a testosterone blood test. The ODG state the following regarding this topic: 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. (Nakazawa, 2006) (Page, 2005) (Rajagopal, 2004) This appears to be more pronounced in patients taking oral opiates than in patients receiving intrathecal opioids, and this difference seems to be related to differences in absorption. Hypogonadism secondary to opiates appears to be central, although the exact mechanism has not been determined. (Abs, 2000) (Roberts, 2002) (Roberts, 2000) The odds of being hypogonadal on long-acting opioids may be 4-5 times higher than the odds on a short-acting equipotent dose. (Rubinstein, 2012) Etiology of decreased sexual function, a symptom of hypogonadism, is confounded by several factors including the following: (1) The role of chronic pain itself on sexual function; (2) The natural occurrence of decreased testosterone that occurs with aging; (3) The documented side effect of decreased sexual function that is common with other medications used to treat pain (SSRIs, tricyclic antidepressants, and certain anti-epilepsy drugs); & (4) The role of comorbid conditions such as diabetes, hypertension, and vascular disease in erectile dysfunction. There is little information in peer-reviewed literature as to how to treat opioid induced androgen deficiency. Long-term safety data of testosterone replacement (overall): Not available. Cardiovascular risk: There have been no large randomized controlled trials to evaluate the cardiovascular risk associated with long-term testosterone use, although current studies weakly support that there is no association with important cardiovascular effects. (Haddad 2007) Osteoporosis: The extent to which testosterone can prevent and treat osteoporosis remains unclear. (Tracz 2006) (Isidori, 2005) Sexual function: Current trials of testosterone replacement in patients with documented low testosterone levels have shown a moderate nonsignificant and inconsistent effect of testosterone on erectile function, a large effect on libido, and no significant effect on overall sexual satisfaction. (Bolona, 2007) (Isidori, 2005) The one study (sponsored by the drug company) that has evaluated the use of testosterone replacement in patients with opioid-induced androgen deficiency, measured morning serum free testosterone levels and PSA prior to replacement. This study did not include patients taking antidepressants. (Daniell, 2006) In this case, this test is not indicated. As stated above, routine testing in patients is not indicated. There is inadequate documentation of clinical findings of testosterone deficiency to justify testing. Pending receipt of this information, the request is not medically necessary.

Prothrombin time (PT): 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 <http://www.webmd.com/a-to-z-guides/prothrombin-time>.

Decision rationale: The request is for the PT blood test. This is usually performed for patients taking certain anticoagulant medication for monitoring. Certain other medications could cause an abnormality in this blood test as well. In this case, this blood test is not indicated. This is secondary to inadequate documentation of a medication, which requires monitoring using this blood test. As such, the request is not medically necessary.

12 physical therapy sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60 of 127.

Decision rationale: The request is for physical therapy to aid in pain relief. The MTUS guidelines states that manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. It is indicated for low back pain but not ankle and foot conditions, carpal tunnel syndrome, forearm/wrist/hand pain, or knee pain. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. (Fritz, 2007) Active treatments also allow for fading of treatment frequency along with active self-directed home PT, so that less visits would be required in uncomplicated cases. In this case, the patient would benefit most from at home active therapy. As such, the request is not medically necessary.

Lab test for Tramadol: 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 Page(s): 80-83 of 127.

Decision rationale: The request is for a lab test for Tramadol. Tramadol is a pain medication in the category of a centrally acting analgesic. They exhibit opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Centrally acting drugs are reported to be effective in managing neuropathic type pain although it is not recommended as first line therapy. The side effect profile is similar to opioids. For chronic back pain, it appears to be efficacious for short-term pain relief, but long term (>16 weeks) results are limited. It also did not appear to improve function. The use of Tramadol for osteoarthritis is indicated for short-term use only (<3 months) with poor long-term benefit. In this case, the patient does not meet the qualifying criteria or indications. There are no specific monitoring blood tests listed in the guidelines. The request is also non-specific. As such, the request is not medically necessary.

Lab test for Trazodone: 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 Official Disability Guidelines (ODG) Mental Stress.

Decision rationale: The request is for a lab test for the medication trazodone. This is a medication in the category of a serotonin agonist and reuptake inhibitor and is used for depression. It also has anxiolytic and sedative hypnotic effects. The MTUS guidelines are silent regarding its use. The ODG guidelines state that this medication is indicated as an option for insomnia for patients with coexisting depression or anxiety. Its use as a first-line treatment for primary insomnia is not advised. Evidence for the off-label use of trazodone for treatment of insomnia is poor. The current recommendation is to use a combined pharmacologic and psychological and behavior treatment when primary insomnia is diagnosed. In this case, there is inadequate specificity of the request. There are no specific blood tests listed in the guidelines for monitoring trazodone. As such, the request is not medically necessary.