
Notice of Independent Medical Review Determination

Dated: 8/28/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/1/2013
Date of Injury: 1/15/2008
IMR Application Received: 7/10/2013
MAXIMUS Case Number: CM13-0001181

- 1) MAXIMUS Federal Services, Inc. has determined the request for Lyrica 300mg #180 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Androgel 1.62% #2 **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/10/2013 disputing the Utilization Review Denial dated 7/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for Lyrica 300mg #180 **is not medically necessary and appropriate.**
- 2) MAXIMUS Federal Services, Inc. has determined the request for Androgel 1.62% #2 **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 treatments and/or services at issue.

Case Summary:

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 1, 2013:

“The injured worker is a 47 year old male employed by the [REDACTED], with a date of injury on 1/15/08. He sustained injuries to the lower back, upper back, Physical/Mental and Whole Body. Treatment has included epidurals. The current report is dated 6/10/13. It indicates that the injured is the same, has benefit from medications and able to stay active with his family and care for his children. On exam, effect slightly flat, thoracic paraspinals, significantly right with palpable spasms. LS is NTTP, no spasms, neg SLR. B patellar DTRS are 2+/4, ambulates in lumbar flexion, + antalgic gait.”

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review (received 7/10/13)
- Utilization Review Determination (dated 7/1/13)
- Chronic Pain Medical Treatment Guidelines (2009), *Pregabalin*, pgs 19-20
- Chronic Pain Medical Treatment Guidelines (2009), Testosterone replacement for hypogonadism, pgs 110-111
- PR-2 Reports from [REDACTED], MD (dated 6/15/12-6/10/13)
- Medical Records from [REDACTED] (dated 6/21/12-3/12/13)

- Psychological Agreed Medical Re-Examination Report from [REDACTED] [REDACTED] Ph.D. (dated 7/3/12)
- Treating Physicians Report from [REDACTED] (dated 10/18/12)
- Laboratory Results from [REDACTED] (dated 9/13/12-10/5/12)

1) Regarding the request for Lyrica 300mg #180 :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Pregabalin (Lyrica®) section, pgs 19-20, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 01/15/08 the employee sustained a work-related injury. Medical records submitted and reviewed indicate injuries to the lower and upper back, physical/mental, and whole body. Treatment has included epidurals and analgesics. A medical report dated 6/10/13 indicates the employee has obtained benefit from medications and is able to stay active. A request was submitted for Lyrica 300mg and Androgel 1/62%.

MTUS Chronic Pain guidelines state Pregabalin (Lyrica®) is “effective in treatment of diabetic neuropathy and postherpetic neuralgia (PHN), has FDA approval for both indications, and is considered first-line treatment for both”. After review of the medical records, there is no documentation of neuropathic pain such as diabetic neuropathy or PHN. Lyrica can be utilized for lumbar radiculopathy, but the progress notes lack evidence of neural tension signs or neurological deficits consistent with lumbar radiculopathy. The request for Lyrica 300mg #180 **is not medically necessary and appropriate.**

2) Regarding the request for Androgel 1.62% #2 :

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines (2009), Testosterone replacement for hypogonadism (related to opioids), pgs 110-11, of the Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator applicable and relevant to the issue at dispute.

Rationale for the Decision:

On 01/15/08 the employee sustained a work-related injury. Medical records submitted and reviewed indicate injuries to the lower and upper back, physical/mental and whole body. Treatment has included epidurals and analgesics. A medical report dated 6/10/13 indicates the employee has obtained

benefit from medications and is able to stay active. A request was submitted for Lyrica 300mg and Androgel 1/62%.

MTUS Chronic Pain guidelines state testosterone replacement therapy is “recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. 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...”

In this case, there is documentation of chronic opiate use for pain management, but no evidence of low testosterone or endocrinology consultation, which is recommended in the guidelines. The request for Androgel 1/62% #2 **is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.