

Case Number:	CM13-0010519		
Date Assigned:	03/10/2014	Date of Injury:	11/23/1992
Decision Date:	08/29/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/13/2013

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. The expert reviewer is Board Certified in Internal Medicine 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 disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53 year old male with chronic back pain with a date of injury of 11-23-1992. PR-2 primary treating physician's progress report (PR-2) dated 06-11-2013 was provided by [REDACTED]. Subjective complaints: Patient presents for follow up regarding low testosterone levels. He has required opioid medication for cervical and lumbar chronic back pain for several years due to his work injury. He has tried testosterone replacement in the past and tolerated this well. He reports no side effects from testosterone replacement. He also notes dry eyes and requests eyedrops for this. Medications: Methadone, Oxycontin, Ibuprofen, Lyrica, Nexium, Senna, Dexadrin, Androderm, Loratadine, Skelaxin, Diltiazem, Furosemide, Cymbalta, Prozac, Valium, Trazadone. Past medical history: +Anxiety, Depression, Peripheral Neuropathy, Chronic Back Pain, with Radiculopathy, GERD, Hypotestosteronism, Peripheral Edema, Hypertension. Past surgical history: +Hernia Repair +Spinal Surgery. Objective findings: Physical exam: Vital Signs: BP 140/85 P 84; General: Afebrile. AAOX3, NAD, WDWN; Head: NCAT, no lesions or masses, no tenderness elicited from palpation; ENT: TMs intact and Nonerythematous bilaterally; no pinna or mastoid tenderness; nares patent and without congestion; no turbinate enlargement; no epistaxis or Rhinorrhea evident; no supraorbital or maxillary sinus tenderness to palpation; no PND; oropharynx clear and Nonerythematous; no pharyngeal or tonsillar exudates; no abscess visible; no tonsillitis; Neck: supple; no LAD; no Thyromegaly; trachea midline; no JVD; no carotid bruits; Chest CTAB, no W/R/R; no chest wall tenderness to palpation; Heart RR +S1 +S2; GI: soft tenderness to palpation epigastrium ND +BSX4, no masses palpable; no G/R/R; GU: no Suprapubic tenderness to palpation; no CVA tenderness; Ext: +pulses; bilateral 2+ pitting edema to shins; Skin: bilateral feet with toenail Onychomycosis; Neuro: CN II-XII intact, sensation intact, +2/4 DTRs, +4/5 strength; Labs 5/20/13: magnesium 2.2, TSH 1.66, TIBC 360, Total Iron 66, %iron saturation 18, prolactin 9.8, total testosterone 132. Labs 4/5/13: CMP

WNL, UA WNL, CBC WNL, H.pylori negative, FSH 2.3, LH 1.0, Total Testosterone 235, PSA 0.4. Labs 11/19/12: glucose 92, BUN 16, Cr 1.00, Sodium 129, CBC WNL. Labs 2/28/12: glucose 101, sodium 134, BUN 14, Cr 1.00, Testosterone 123, CBC WNL, PSA 0.6. Labs 2/2/12: glucose 88, BUN 12, Cr 0.85, Hgb 13.4, HCT 38.3. Diagnosis: Hypotestosteronism, Chronic Pain Syndrome, Hypertension, Peripheral Neuropathy, Chronic Opioid use for back pain, Anxiety, Depression, Nail Dermatophytosis, Constipation, Hemorrhoids, Dry Eyes. Treatment: The following treatment modalities were discussed with the patient at today's office visit. In my opinion, his abdominal pain may be due to his long term use of NSAIDs and his hypotestosteronism may be due to his chronic opioid use for his back pain. His testosterone and LH were both found to be low on his most recent lab studies which required further workup. We reviewed his lab results today and he will obtain PSA, total testosterone, TSH, LH, FSH, and estradiol 1 week prior to his next visit. He is also requesting Dexadrin for his Peripheral Neuropathy, stating that it helps with his pain and tremors. For his Low Testosterone, I recommend he use Androderm patches 5mg/24hrs qday. For his dry eyes, I recommend a trial of Restasis 0.05% susp lgtt in each eye q 12 hrs. Utilization review dated 07-16-2013 recommended Non-Certification of the request for Restasis 0.05% and Androderm 5mg/24hrs patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Restasis 0.5% 1 Box: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th ed. McGraw Hill, 2006, Physician's Desk Reference, 65th edition, Official Disabilities Guidelines (ODG) Workers Compensation Drug Formulary, Epocrates Online Monthly Prescribing Reference, Opioids Dose Calculator - AMDD Agency Medical Director's Group Dose Calculator.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. Food and Drug Administration (FDA) Prescribing Information Restasis.

Decision rationale: The treating physician's progress report dated 06-11-2013 documented that the patient complained of dry eyes and requested eye drops. The physical exam does not document examination of the eyes and the diagnosis was "Dry Eyes" which is a symptom, not an actual diagnosis. The medical records do not contain physical examination of the eyes, nor is there objective evidence of Ocular inflammation or Keratoconjunctivitis Sicca. Medical records do not support the medical necessity of Restasis Cyclosporine ophthalmic emulsion. Therefore, the request for Restasis 0.5% 1 Box is not medically necessary.

Androderm 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 11th ed. McGraw Hill, 2006, Physician's Desk Reference, 65th edition,

Official Disabilities Guidelines (ODG) Workers Compensation Drug Formulary, Epocrates Online Monthly Prescribing Reference, Opioids Dose Calculator - AMDD Agency Medical Director's Group Dose Calculator.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism (Related to Opioids) Page(s): 110-111. Decision based on Non-MTUS Citation FDA Prescribing Information.<http://www.endocrine.org/~media/endosociety/Files/Publications/Clinical%20Practice%20Guidelines/FINAL-Androgens-in-Men-Standalone.pdf> Journal of Clinical Endocrinology & Metabolism, June 2010, Vol.95 (6):2536-2559.

Decision rationale: The primary treating physician's progress report (PR-2) dated 06-11-2013 documented no symptoms or signs of Hypogonadism, such as Gynecomastia. There was no documentation of consistent symptoms and signs of Androgen deficiency. Testosterone measurements were not specified as morning measurements. Physical examination did not document a prostate examination to rule out palpable prostate nodules or induration. Physical examination documented bilateral 2+ pitting edema to shins of the lower extremities. Patient requested Dexadrin which is the Corticosteroid Dexamethasone. Corticosteroids may have drug interactions with Androderm. Clinical guidelines and medical records do not support the medical necessity of Androderm, and suggest some potential contraindications. Therefore, the request for Androderm 5mg #30 is not medically necessary.