

Case Number:	CM13-0020071		
Date Assigned:	10/11/2013	Date of Injury:	08/09/2012
Decision Date:	08/26/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/04/2013

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:

This is a 29 year old male with a 6/9/12 date of injury to his low back while lifting 80 lb. beer kegs. He was seen on Jan 25th 2013 for complaints of low back and right leg pain. It was noted the patients was displaying aberrant behavior with regard to his opiates. He has a diagnosis of opiate dependence. He was noted to be taking Oxycontin 40 mg BID which was not helpful, so he was switched to Fentanyl 25 mcg q 72 hours but he used 2 patches so his prescription was increased to 50-mcg q 72 hours. This still did not control the patient's pain so he went to 50-mcg q 48 hours. The patient was noted to be displaying aberrant behaviors including combining his high dose opiates with methadone which was not condoned by his pain management doctor, and all his urine drug screens were positive for THC (including those following the visit). Exam findings revealed facet and myogenic pain but the neurological exam was normal. The treatment plan was to decrease the Fentanyl from 50 mcg to 25 mcg q 48 hours, but increase the patients Oxycodone 30 mg IR from 5 to 7 tablets daily. The patient is known to be on Lyrica as well. He was prescribed an androderm patch for hypogonadism and low testosterone. Treatment to date: medications. The UR decision dated 8/27/13 denies the request for undocumented reasons.

IMR ISSUES, DECISIONS AND RATIONALES

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

Androderm patches 4%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1502321/>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Testosterone Replacement Page(s): 74.

Decision rationale: CA MTUS states that testosterone replacement for hypogonadism (related to opioids) is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. In addition, the FDA states that androderm is an androgen indicated for replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone. This patient's MED is 555, well beyond the MED of 120 which is considered high risk for adverse drug reactions. This patient has exhibited aberrant behaviors in the past and combines his opiates with other opiate acting medications such as methadone and illegal drugs such as THC (marijuana). The patient was instructed to discontinue the marijuana however all subsequent urine drug screens were positive for THC. While the guidelines support the use androgen replacement in patients who require chronic opiate use for n their medical; conditions, this patient is abusing his medications and combining them with illegal drugs. His MED is well over the limit for safe opiate use. If the patient has low testosterone the best treatment would be to initiate a taper of his current excessive opiate use as the high doses are not necessary. In this case, the patient has lost testosterone because of his medication abuse, and the ideal treatment to increase his testosterone levels would be to initiate a taper of his opiates to a safe level or possibly a rehabilitary program to discontinue use of opiates completely. Androgen replacement is not meant for patients who are using excessive amounts of opiates and displaying aberrant behavior. In addition, a lab result of the patient's testosterone and genital exam was not provided. There in a lack of documentation and evidence to substantiate the need for Androderm patches. Therefore, the request for an Androderm patch is not medically necessary.