

Case Number:	CM13-0038593		
Date Assigned:	01/15/2014	Date of Injury:	10/24/1986
Decision Date:	03/25/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee, leg, and low back pain reportedly associated with an industrial injury of October 24, 1986. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; cannabinoids, supplemental testosterone; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; an orthopedic mattress; and extensive periods of time off of work. In a Utilization Review Report dated September 25, 2013, the claims administrator denied a request for Demerol, approved a request for oxycodone immediate release, denied a request for Marinol, and denied a request for AndroGel. Despite the fact that the MTUS did address the subjects of Marinol and AndroGel, the claims administrator nevertheless invoked non-MTUS guidelines from drugs.com to address both topics. The applicant's attorney subsequently appealed. In a December 10, 2013 progress note, handwritten, difficult to follow, not entirely legible, the applicant presented with persistent complaints of low back pain. The applicant was asked to continue Demerol, oxycodone, Marinol, and Motrin. Ongoing complaints of low back pain were reported. The applicant stated that his activity had diminished over the past three days but that provision of a new mattress had helped. The attending provider posited that the applicant's pain levels had dropped from 10/10 without medications to 4-6/10 with medications. The attending provider then posited that the applicant's ability to perform activities of daily living was improved as a result of ongoing medication consumption but did not elaborate on which activity or activities were specifically ameliorated. At the end of the report, the attending provider stated that the applicant would remain on "permanent disability." In another handwritten note dated November 12, 2013, the attending provider posited that the applicant's pain had worsened substantially over the preceding several weeks. The applicant was using a cane on the grounds that his legs had given way and that he

had fallen several times. The applicant was using Demerol, oxycodone, Motrin, and Marinol, it was stated. The attending provider again posited that the applicant's pain levels would be 10/10 without medications versus anywhere from 4-5/10 with medications. The attending provider again stated, admittedly through preprinted circle boxes, that the applicant's activity levels had improved as a result of ongoing opioid consumption but, once again, did not elaborate on which activity or activities had been improved. In an earlier note dated September 17, 2013, the attending provider again noted that the applicant was using Demerol, oxycodone, and Marinol. The applicant was asked to remain on "permanent disability." The attending provider again stated that the medications in question were ameliorating the applicant's pain scores and functionality but did not elaborate as to what activity or activities were improved. The remainder of the file was surveyed. There were no clearly identified laboratory tests on file which identified the presence of hypogonadism.

IMR ISSUES, DECISIONS AND RATIONALES

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

Demerol 50mg tabs #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Meperidine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Meperidine When to Discontinue Opioids Page(s): 61.

Decision rationale: As noted on page 61 of the MTUS Chronic Pain Medical Treatment Guidelines, Meperidine (Demerol) is "not recommended" for chronic pain purposes. It is further noted that the applicant seemingly failed to meet two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant has been deemed permanently disabled here. While the attending provider has reported some decrements in pain levels achieved as a result of ongoing opioid therapy, the attending provider has failed to identify or expound upon any significant activities of daily living which have been materially improved as a result of ongoing opioid therapy, including ongoing Demerol usage. Therefore, due to the applicant's lack of clear improvement with ongoing Demerol usage, and the unfavorable MTUS position on usage of Demerol for chronic pain purposes, the request for Demerol 50mg tabs #240 is not medically necessary.

Marinol 10mg tab #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.fda.gov/ohrms/dockets/dockets/05n0479/05N-0479-cmc0004-04.pdf>, Marinol, Indications and Usage

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cannabinoids topic Page(s): 28.

Decision rationale: As noted on page 28 of the MTUS Chronic Pain Medical Treatment Guidelines, cannabinoids such as Marinol, the article at issue, are deemed "not recommended." The MTUS goes on to note that restricted legal access to Schedule I drugs, such as marijuana, has led to a lack of quality evidence which would support usage of these drugs in the chronic pain context present here. Therefore, the request for Marinol 10mg #30 is not medically necessary.

Androgel 1% with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/androgel.html>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism topic Page(s): 110.

Decision rationale: AndroGel is a testosterone supplement. However, as noted on page 110 of the MTUS Chronic Pain Medical Treatment Guidelines, testosterone replacement is recommended in limited circumstances in applicants who have "documented low testosterone levels." In this case, there is no evidence that the applicant has documented, laboratory-confirmed low testosterone levels. The attending provider's handwritten commentary made no explicit mention of any laboratory-confirmed hypogonadism. No laboratory studies were on file to establish the presence of any bona fide hypogonadism. Therefore, the request for Androgel 1% with 3 refills is not medically necessary.