

Case Number:	CM14-0101553		
Date Assigned:	07/30/2014	Date of Injury:	06/21/1991
Decision Date:	10/23/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert 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 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 injured worker is a 56 year-old male who sustained an injury on 06/21/91. On 05/07/14, he complained of back, left and right leg pain. Lower back and left leg pain is constant, dull/aching, throbbing, stabbing, numbness, electrical/shooting, and burning. Pain was rated at 7/10 on 5/19/14. He also has cramping, weakness and spasm. He reports obtaining functional pain control with use of Oxycontin. He still complains of fatigue and difficulty concentrating. He complains of sweats and constipation. Lumbosacral exam reveals tenderness to palpation at L2-3. There was increased pain on extension. Range of motion (ROM) forward flexion 70, hyperextension 20, and right and left lateral bend 20 degrees. Gait was antalgic. There was left lumbar spasm. Strength was decreased in left lower extremity (LLE). Sensation to pin was decreased at left L4, L5 and S1. Light touch was decreased in left lower extremity (LLE). No diagnostic reports were provided for review. His last serum Testosterone was 95. A urine drug screen (UDS) dated 03/21/14 was positive for Pregabalin, Oxycodone, and Oxymorphone. He has had a lumbar laminectomy/fusion. Current medications include AndroGel, Oxycontin, Lyrica, Baclofen, Pravastatin Sodium and Polyethylene Glycol. He is allergic to Robaxin. No reports were provided that indicate lipid disorders. Diagnoses include hypogonadism, failed back surgery syndrome, lumbar facet arthropathy, lumbar radiculopathy and sprain/strain, lumbar region. The request for Pravastatin Sodium 20 mg 1 (orally) p.o. (daily) q.d. x30 was denied on 06/03/14. The request for Oxycontin 60 mg XR 12h tab (orally) p.o. (twice daily) t.i.d. x90 was modified to one month supply #90 and Testosterone intramuscular (IM) injection 2x per month was modified to 1 injection on 06/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pravastatin Sodium 20mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Approved Labelling Information

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

Decision rationale: The California Medical Treatment Utilization Schedule, American College of Occupational and Environmental Medicine or Official Disability Guidelines do not address. Therefore, Drugs.com was consulted. Pravastatin (Pravachol) belongs to a group of drugs called 3-hydroxy-3-methylglutaryl-coenzyme (HMG CoA) reductase inhibitors, or "statins." It reduces levels of "bad" cholesterol (low-density lipoprotein, or LDL) and triglycerides in the blood, while increasing levels of "good" cholesterol (high-density lipoprotein, or HDL). In this case, there are no recent blood tests to show elevated levels of cholesterol and lipids in order to justify the need for this medication. The request is thus considered not medically necessary due to lack of documentation.

Oxycontin 60mg XR #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91-92.

Decision rationale: Per guidelines, Oxycontin is a controlled release formulation of Oxycodone Hydrochloride indicated for the management of moderate to severe pain when a continuous, around the clock analgesic is needed for an extended period of time. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, there is little to no documentation of any significant improvement in pain level (i.e. visual analog scale [VAS]) or function with continuous use to demonstrate the efficacy of this medication. Furthermore, there are no well-controlled clinical studies evaluating the safety and efficacy with dosing more frequently than every 12 hours; not recommended. The medical documents do not support continuation of Oxycontin at current dosing according to guidelines and evidence based medicine; thus not medically necessary.

Testosterone IM Injection 2 times per month: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

Decision rationale: Testosterone replacement for hypogonadism is 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. In this case, there is documentation of low Testosterone level. Hormone replacement therapy is medically necessary in this injured worker. However, the dose of Testosterone for each injection has not been specified. The request is thus considered not medically necessary due to lack of documentation.