

<b>Case Number:</b>	CM14-0014147		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	01/15/1988
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	01/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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 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 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 54-year-old male with the date of injury of 1/15/88. The mechanism of injury was not provided within the documentation available for review. The injured worker complained of pain to the upper neck and lower back, and chronic fatigue. According to the documentation provided for review, the injured worker had a positive straight leg raise. The injured worker rated his pain without medication at 6/10 on 7/30/13 and 7/10 on 12/13/13. The injured worker's previous urine drug screen and testosterone levels were not provided within the documentation available for review. The injured worker's diagnoses included lower back pain, neck pain, depression, fatigue, restless leg syndrome, chronic fatigue, and hypogonadism. The injured worker's medication regimen included Norco, Zanaflex, Motrin, and AndroGel.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ZANAFLEX 4 MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** According to the California MTUS Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for the short-term treatment of acute exacerbations in injured workers with chronic low back pain. Effectiveness of muscle relaxants appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to the documentation provided for review, the injured worker has been utilizing Zanaflex since at least July 2013. The guidelines only recommend the use of muscle relaxants for a short period; the continued use of this medication would exceed the guideline recommendations. In addition, there is a lack of documentation related to the therapeutic effect for the injured worker related to the utilization of Zanaflex. There is a lack of documentation regarding the injured worker having significant muscle spasms or stiffness. The request as submitted failed to provide the frequency of the medication. As such, the request is not medically necessary.

**ANDROGEL 1.62%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TESTERONE REPLACEMENT FOR HYPOGONADISM(RELATED TO OPIOIDS),

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

**Decision rationale:** The California MTUS guidelines recommend testosterone replacement in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. AndroGel is utilized for daily testosterone replacement therapy. The injured worker has been utilizing opiates for an extended period of time according to the documentation provided. According to the clinical document dated 12/13/13, the injured worker had a diagnosis of hypogonadism. There is a lack of documentation prior to 12/13/13 related to hypogonadism. In addition, there is a lack of documentation indicating laboratory monitoring was performed, revealing evidence of low testosterone, and demonstrating the efficacy of the replacement therapy. As such, the request is not medically necessary.

**URINE TOXICOLOGY SCREENING:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 43 & 74-78.

**Decision rationale:** According to the California MTUS Guidelines, the use of drug screening is recommended for injured workers with history of abuse, addiction, or poor pain control. The documentation provided for review indicated urine drug screens were previously performed. However, the results and dates of the urine drug screens were not provided for review.

According to the clinical information provided for review, there was no indication the injured worker is at risk for medications misuse or displayed any aberrant behaviors. The requesting physician's rationale for the urine drug screen was not provided within the medical records. As such, the request is not medically necessary.