

Case Number:	CM14-0129048		
Date Assigned:	08/18/2014	Date of Injury:	08/20/1991
Decision Date:	09/11/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	08/13/2014

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 IMR request noted that the 8-14-14 'two refills' request was modified to a '1 prescription' of Testosterone 100 mg with an injection kit. The patient is a 52 year old male with a date of injury of August 20, 1991. There is difficulty with profound depression, and he has a high pain rating. He has positive orthopedic tests for nerve root irritation. He has chronic back pain with lumbar disc degeneration with left lumbosacral radiculitis without radiculopathy, degenerative changes at L3-S1, chronic pain syndrome, and the severe depression. Prior blood tests showed a decrease in testosterone. The patient is being weaned off Norco. Until a current testing of the testosterone levels in complete, it was felt that additional injections should be capped. There just one kit is certified. The depression is described at catatonic.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #150 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009), Hydrocodone/Acetaminophen (Norco).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page 88 of 127 Page(s): 88 of 127.

Decision rationale: In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review.

1 prescription of Testosterone 100mg injection kit and 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic); regarding Testosterone replacement for hypogonadism (related to opioids).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 110 of 127 Page(s): 110 of 127.

Decision rationale: The MTUS notes 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. 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. If needed, testosterone replacement should be done by a physician with special knowledge in this field given the potential side effects such as hepatomas. In this case, as levels are to be checked, and the other adverse levels that can result from IM testosterone, such as polycythemia, are not identified, I would concur that a regimen of unmonitored refills on the testosterone is not prudent. The request for the full dosing was appropriately not certified under MTUS.