

Case Number:	CM14-0152355		
Date Assigned:	09/23/2014	Date of Injury:	07/13/2001
Decision Date:	10/28/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/18/2014

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:

According to the records made available for review, this is a 54-year-old male with a 7/13/01 date of injury. At the time (8/18/14) of request for authorization for Fortesta 10 mg, apply as directed 1 month supply #60, with 2 refills, there is documentation of subjective (bilateral mid back and low back pain radiating into the bilateral anterolateral thighs) and objective (restricted range of motion of the lumbar spine and the right sacroiliac joint, tenderness to palpation over the lumbar paraspinal muscles overlying the bilateral L4-S1 facet joints, positive discogenic provocative maneuvers over the lumbar spine and the right sacroiliac joints, and positive bilateral reverse straight leg raise) findings, current diagnoses (lumbar strain/sprain, lumbar stenosis, and lumbar post laminectomy syndrome), and treatment to date (Epidural injection and medications (including ongoing treatment with Percocet and Fortesta since at least 2/24/14)). There is no documentation of high-dose opioid use, low testosterone levels, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fortesta use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fortesta 10 mg, apply as directed 1 month supply #60, with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadisms (related to opioids) Page(s): 110-111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-dose long-term opioids and low testosterone levels, as criteria necessary to support the medical necessity of testosterone replacement therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar strain/sprain, lumbar stenosis, and lumbar post laminectomy syndrome. In addition, there is documentation of ongoing treatment with Fortesta. Furthermore, given documentation of ongoing treatment with Percocet since at least 2/24/14, there is documentation of long term Opioid use. However, there is no documentation of high-dose opioid use. In addition, there is no documentation of low testosterone levels. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Fortesta use to date. Therefore, based on guidelines and a review of the evidence, the request for Fortesta 10 mg, apply as directed 1 month supply #60, with 2 refills is not medically necessary.