

<b>Case Number:</b>	CM14-0158011		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	04/02/2002
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	09/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 Louisiana. 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 patient is a 45 year old male who was injured on 04/02/2002. The mechanism of injury is unknown. Prior treatment history has included Lyrica 100 mg, testosterone 1.6%, hydrocodone-acetaminophen 10/325 mg; Zanaflex 4 mg, methocarbamol 750 mg, Tizanidine, omeprazole. Progress report dated 08/28/2014 states the patient complained of back, neck pain and shoulder pain. The patient reported his medications which included Norco, Lyrica, Robaxin, and Tizanidine allowed him to function. He rated his pain as a 6-7/10. On exam, he had limited range of motion revealing flexion at 40 degrees; extension at 20 degrees; right rotation at 60 degrees and left rotation to 30 degrees. He had a positive compression sign bilaterally. The patient was noted to suffer from muscle spasms which have responded well to trigger point injections in the past; neck pain, arm pain and low back pain. The patient has been recommended to continue with medications. Prior utilization review dated 09/15/2014 states the request for Testosterone AndroGel 1.62% 20.25mg/1.25gm transdermal GIPk every morning #150gm, with 1 refill; Hydrocodone-acetaminophen (Norco) 10/325mg every 4 hours as needed, #160, with 1 refill; Tizanidine (Zanaflex) 4mg at bedtime as needed, #30, with 1 refill; Methocarbamol (Robaxin-750) 750mg four times daily as needed, #120, with 1 refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Testosterone androgel 1.62% 20.25mg/1.25gm transdermal GIPk every morning #150gm, with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Testosterone 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): 110-111.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Testosterone is recommended in limited circumstance for patients taking high-dose long-term opioids with documented low testosterone. In this case, there is no supporting documentation of current testosterone levels to indicate the necessity of this request; therefore it is not medically necessary.

**Hydrocodone-acetaminophen (Norco) 10/325mg every 4 hours as needed, #160, with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-96.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Opioid is recommended as the standard of care for treatment of moderate to severe pain for short-term use. Guidelines do not recommend continued use unless there is documented evidence of objective pain and functional improvement. There is no supporting documentation of functional improvement and long term use of Hydrocodone is not recommended by the guidelines therefore, it is not medically necessary.

**Tizanidine (Zanaflex) 4mg at bedtime as needed, #30, with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

**Decision rationale:** Based on the Chronic Pain Medical Treatment Guidelines, Tizanidine, is a sedating muscle relaxant recommended for flare-ups of chronic pain and muscle spasms for short-term use (2-3 weeks). There is no supporting documentation of significant functional improvement and it is also noted that multiple muscle relaxant are being prescribed. There is also no documentation of an acute exacerbation of pain and long-term use is not recommended therefore, this request is not medically necessary.

**Methocarbamol (Robaxin-750) 750mg four times daily as needed, #120, with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63-66.

**Decision rationale:** Based on the Chronic Pain Medical Treatment Guidelines, Methocarbamol is a sedating muscle relaxant recommended for flare-ups of chronic pain and muscle spasms for short-term use (2-3 weeks). There is no supporting documentation of significant functional improvement and it is also noted that multiple muscle relaxant are being prescribed. There is also no documentation of an acute exacerbation of pain and long-term use is not recommended therefore, this request is not medically necessary.