

Case Number:	CM14-0030841		
Date Assigned:	06/23/2014	Date of Injury:	11/15/2005
Decision Date:	08/11/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	03/11/2014

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 Emergency 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 57 year-old male, who sustained an injury on November 15, 2005. The patient's diagnostics included a prostate-specific antigen (PSA) of 0.5; low testosterone and free testosterone levels; and a urine drug screen showing positive for Oxycodone and Oxymorphone. The patient's treatments have included right knee surgery and medications. The current diagnoses are right knee injury, status right knee ACL reconstruction and partial tear, aggravation of chronic lumbar condition, bilateral lower extremity neuropathic pain, left knee pain, hypogonadism secondary to chronic opioid usage, left foot open wound, right shoulder pain and opioid induced constipation. The stated purpose of the request for Percocet 10/325mg #150 was to provide pain relief as pain relief and activities of daily living (ADL) functionality was decreased at the quantity level of 135. The request for Percocet 10/325mg #150 was modified for Quantity # 122 on February 12, 2014, noting the need of a slow taper to reduce opiate load to 120 MED. The stated purpose of the request for Random urine drug screen once a quarter (four times per year) was not noted. The request for Random urine drug screen once a quarter (four times per year) was denied on February 12, 2014, noting that guidelines do not support drug testing more frequently than one to two times per year. The stated purpose of the request for Testosterone replacement (Fortesta) was to treat opiate-induced hypogonadism. The request for Testosterone replacement (Fortesta) was denied on February 12, 2014, citing a lack of documentation of a current PSA level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #150.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines for weaning opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The California MTUS Chronic Pain Treatment Guidelines recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit and applicable opiate surveillance measures. The injured worker has pain to the both knees with numbness and tingling to the feet. The treating physician has documented right shoulder tenderness and pain restricted range of motion, low back tenderness and spasm, right knee brace, left knee tenderness to the medial and lateral joint lines. The UR decision modified this request for Quantity # 122 on February 12, 2014, noting the need of a slow taper to reduce opiate load to 120 MED. The treating physician has documented both derived ADL and home exercise program functionality from its use at a five time per day dosage, the injured worker's inability to tolerate a weaning process and compliance with opioid surveillance via consistent urine drug screen results. These aspects supersede the need to reduce the opiate load below 120 MED. Therefore the request for Percocet 10/325mg #150 is medically necessary.

Random urine drug screen once a quarter (four times per year): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG -TWC,Treatment, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), (updated 07/10/14), Urine Drug Testing.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend drug screening to assist in monitoring adherence to a prescription drug treatment regimen (including controlled substances); to diagnose substance misuse, addiction and/or other aberrant drug related behavior when there is a clinical indication. The ODG notes that claimants at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. Claimants at moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. This includes claimants undergoing prescribed opioid changes without success, claimants with a stable addiction disorder, those claimants in unstable and/or dysfunction social situations, and for those claimants with comorbid psychiatric pathology. Claimants at high risk of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders. The injured worker has pain to the both knees with numbness and tingling to the feet. The treating

physician has documented right shoulder tenderness and pain restricted range of motion, low back tenderness and spasm, right knee brace, left knee tenderness to the medial and lateral joint lines. The treating physician has documented the injured worker at intermediate risk level due to chronic depression, and the referenced guideline recommends up to 2 to 3 times per year drug testing for claimants at moderate risk, thereby making four times per year frequency excessive. The criteria noted above not having been met, random urine drug screen once a quarter (four times per year) is not medically necessary.

Testosterone replacement (Fortesta): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement therapy in patient with opioid induced androgen deficiency.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110-111.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines note that testosterone replacement is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. The injured worker has pain to the both knees with numbness and tingling to the feet. The treating physician has documented right shoulder tenderness and pain restricted range of motion, low back tenderness and spasm, right knee brace, left knee tenderness to the medial and lateral joint lines. The UR decision was to deny the request based on a lack of documented PSA levels. The treating physician has documented chronic opiate use, low testosterone and free testosterone levels, normal PSA level and derived increased energy from previous use. The criteria noted above having been met, Testosterone replacement (Fortesta) is medically necessary.