

Case Number:	CM14-0041517		
Date Assigned:	06/30/2014	Date of Injury:	07/03/2001
Decision Date:	07/30/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 68-year-old male with a reported date of injury on 07/03/2001. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with back pain radiating down both legs, depression, anxiety and difficulty sleeping. In addition, the injured worker presented with numbness in bilateral legs, spasms, and stiffness. The physician indicated there was tenderness to the back of the paralumbar muscles in L4-5. The injured worker rated his pain at 4/10 to 5/10 with medications and 7/10 to 8/10 without medications. The clinical documentation indicated the injured worker had testosterone levels on 02/17/2014 with the results being 96.59. The official results were not provided within the documentation available for review. The injured worker was referred to a pain specialist; the results of which were not provided within the documentation available for review. The clinical information indicated the injured worker previously participated in physical therapy; the results of which were not provided. The injured worker's diagnoses included lumbar degenerative disc post lumbar fusion, chronic lumbar back pain, and right leg radiculopathy. The injured worker's medication regimen included diazepam, Ambien, Depo-Testosterone injections, vitamin D, Morphine IR 30 mg, OxyContin 80 mg, Neurontin, and Metamucil. Request for authorization for Nabumetone 500 mg #120, testosterone 200 mg #10, Oxycontin 80 mg #180, and Oxycodone 30 #60 was not submitted. A rationale for the request included Depo-Testosterone injections due to the testosterone level being below 40. The Nabumetone, Oxycontin, and Oxycodone were to be utilized for nerve pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs for chronic low back pain as an option for short term symptomatic relief. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen, but fewer effects than muscle relaxants and narcotic analgesics. There is inconsistent evidence for the use of NSAID medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis. According to the clinical documentation provided for review, the injured worker utilized Nabumetone prior to 01/06/2014. The addition of Nabumetone to the injured worker's medication regimen was not provided within the clinical documentation available for review. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values. In addition, the request, as submitted failed to provided frequency and directions for use. Therefore, the request for Nabumetone 500 mg #120 is not medically necessary.

Testosterone 200 mg #10: Upheld

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

Decision rationale: Testosterone replacement for hypogonadism is recommended in limited circumstances for patients taking high dose long term opioids with documented low testosterone levels. Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation or testosterone level should be considered in men who are taking long term, high dose oral opiates or intrathecal opiates and who exhibit symptoms and 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. Etiology of decreased sexual function, symptom of hypogonadism, is confounded by several factors including the following: the role of chronic pain itself on sexual function; natural occurrence of decreased testosterone that occurs with aging; the documented side effects of decreased sexual function that is common with other medication used to treat pain; and the role of comorbid conditions such as diabetes, hypertension, and vascular disease in erectile dysfunction. The clinical information provided for review indicates the injured worker was referred for a urological examination, the results of which were not provided within the documentation available for review. The clinical information indicates the injured worker has utilized testosterone prior to 10/31/2012. There is a lack of documentation related to symptoms

of hypogonadism. In addition, there is a lack of documentation related to the official laboratory testing of testosterone levels. The request, as submitted, failed to provide frequency, directions for use, and mechanism of delivery. Therefore, the request for testosterone 200 mg #10 is not medically necessary.

Oxycontin 80 mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the management of opioids should include the ongoing review of documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation provided for review indicates the injured worker has utilized OxyContin prior to 10/14/2004. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values. There is a lack of documentation related to the objective clinical findings of pain relief, functional status, appropriate medication use, and side effects. The clinical information lacks documentation related to the therapeutic and functional benefit in the long term utilization of OxyContin. In addition, the request, as submitted, failed to provide frequency and directions for use. Therefore, the request for Oxycontin 80 mg #180 is not medically necessary.

Oxycodone 30 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the management of opioids should include the ongoing review of documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation provided for review indicates the injured worker has utilized Oxycodone prior to 10/14/2004. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values. The clinical information lacks documentation related to the objective clinical findings of pain relief, functional status, appropriate medication use, and side effects. There is a lack of documentation related to the therapeutic and functional benefit in the long term utilization of Oxycodone. In addition, the request, as submitted, failed to provide frequency and directions for use. Therefore, the request for Oxycodone 30 mg # 60 is not medically necessary.

