

<b>Case Number:</b>	CM14-0053104		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/19/2000
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Texas. 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 53 year old male who had a work related injury on 05/19/00. The mechanism of injury is undisclosed. Most recent clinical documentation submitted for review dated 03/25/14 the injured worker had lumbar epidurals a month ago and his pain diminished by over 50 percent. He was now scheduled for bilateral S1 rhizotomies by the end of the month. Low back pain was rated 6-7/10 from loss of pain control from neurotomies. Neck pain was 5/10. He was sleeping much better then cold weather aggravated and he had pain. Topamax cut his pain 100 percent in the legs, notwithstanding the leg cramps, though occasionally he had sciatic on the right in certain body positions. This was why he was not having headaches since being on Topamax. It was documented leg pain much better since epidurals last week. He was using Cymbalta and he was up to 90 milligrams a day and was less moody, still stable on his dose. He was using Oxycontin 40 milligrams six a day at three twice daily and Percocet 10/325 milligrams up to four times daily #120, being on this medication allowed him to be more functional in everyday life. He could walk, drive, guard, and do chores at home but now he was doing heavier work. He was now since the epidurals able to do more. Testosterone allowed him to be far more active than before he was on it. Physical examination: muscle triggers, muscle triggers cervical, occipital, periscapular, iliac, upper gluteals diminished in severity, lumbar range of motion 60 degrees flexion, 20 degrees extension, cervical range of motion rotation to the right 50 degrees, to the left 30 percent, bilateral painful sacroiliac joints. Diagnoses: status post L4-5 disc replacement; C4 to 5 and C5 to C6 disc derangements, reactive depression, worsening; migraine headaches under control, sleep impairment related to pain, fibromyalgia, hypogonadism, complex regional pain syndrome (CRPS), facet syndrome in the lumbar. Pain T9-10 midline with contiguous muscle triggers of the right. Prior utilization review on 04/17/14; the testosterone, Midrin, Soma, Trazadone were denied. It was noted Percocet 10/325

milligrams #120 was modified for weaning purposes. In review of the medical records submitted, there was very little change in physical examination. No documentation of visual analog scale (VAS) scores on or off on and off medication. His morphine equivalent dosage (MED) was 420.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Percocet 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, page(s) 74-80 Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Opioid.

**Decision rationale:** The request for Percocet 10/325 milligrams #120 is not medically necessary. Current evidenced based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. The clinical documentation submitted for review does not support the request. No documentation of visual analog scale (VAS) scores on and off medication. Morphine equivalent dosage (MED) is 420. Prior utilization review on 04/17/14 was modified to initiate weaning. As such, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

**Testosterone 200mg #1:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone, replacement for hypogonadism (related to opioids) Page(s): 110.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Testosterone replacement for hypogonadism, page(s) 110-111 Page(s): 110-111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Testosterone replacement for hypogonadism (related to opioids).

**Decision rationale:** The request for Testosterone 200 milligrams quantity one is medically necessary. The injured worker has a diagnosis of hypogonadism secondary to chronic opioid use. Testosterone allowed him to be far more active than before he was on it. Therefore medical necessity has been established.

**Midrin - unspecified:** 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), Treatment Index, 11th edition (web), 2013, Head, Migraine, Pharmaceutical Treatments.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: (2013) Physicians' desk reference 67th edition.

**Decision rationale:** The request for Midrin unspecified is not medically necessary. Midrin is used to treat migraine headaches. The injured worker is on Topamax, and has no report of headaches. As such medical necessity has not been established.

**Soma - unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63,65,55.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Soma, page(s) 29 Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Muscle relaxants (for pain).

**Decision rationale:** The request for Soma unspecified is not medically necessary. Not recommended in Official Disability Guidelines (ODG). Recommended use of non-sedating muscle relaxants with caution as a second line option for short term (less than two weeks) treatment of acute low back pain (LBP) and for short term treatment of acute exacerbations in patients with chronic low back pain (LBP). Therefore medical necessity has not been established.

**Trazodone - unspecified:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs (AEDs) Page(s): 17,21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, page(s) 13-16 Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter, Antidepressants for chronic pain.

**Decision rationale:** The request for Trazodone unspecified is not medically necessary. There is no clinical documentation of use of trazodone by the injured worker. The request is for non specific amount, as such, medical necessity has not been established.