

<b>Case Number:</b>	CM14-0059816		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/15/2008
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 48 year old male who reported an injury on 01/15/2008 of unspecified cause of injury. The injured worker had a history of unspecified pain. The injured worker had diagnoses of thoracic spinal pain, testicular hypofunction, thoracic/lumbosacral neuritis versus radiculitis unspecified. Past surgical included a closed fracture at the thoracic vertebrae. The CT of the thoracic spine dated 03/03/2011 revealed anterior wedging and deformity of the T9 with vertebroplasty stable, mild compression deformity at the superior endplate of the T5, negative for fractures or herniations. The MRI dated 03/03/2011 of the thoracic spine revealed anterior wedging deformity at the T9, and mild disc desiccation at the T5-6, T7-8, T8-9, T9-10, and T10-11. The past treatment included a lumbar steroid injection. The medications included Norco 10/325 mg, MS Contin 30 mg, Lyrica (unknown mg). The treatment plan was to refill the Norco and MS Contin, start a testosterone replacement, return in 1 month, and continue current pain management. The request for authorization dated 03/07/2014 was submitted with documentation. The rationale for the testosterone injections, Norco, and MS Contin were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 91, 78.

**Decision rationale:** The request for Norco 10/325 mg Quantity 120 is non-certified. The California MTUS guidelines state that Norco/ hydrocodone/acetaminophen is a short-acting opioid, which is an effective method in controlling chronic, intermittent or breakthrough pain. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. Per the clinical notes dated 03/07/2014, the side effects from the Norco were not addressed. The injured worker has the potential for the aberrant and should be assessed along with the physical and psychological functioning. The request did not address the frequency. As such, the request for Norco 10/325 mg is not medically necessary.

**MS Contin 30 mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids for chronic pain Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; ongoing pain management Page(s): 93, 78.

**Decision rationale:** The injured worker is a 48 year old male who reported an injury on 01/15/2008 of unspecified cause of injury. The injured worker had a history of unspecified pain. The injured worker had diagnoses of thoracic spinal pain, testicular hypofunction, thoracic/lumbosacral neuritis versus radiculitis unspecified. Past surgical included a closed fracture at the thoracic vertebrae. The CT of the thoracic spine dated 03/03/2011 revealed anterior wedging and deformity of the T9 with vertebroplasty stable, mild compression deformity at the superior endplate of the T5, negative for fractures or herniations. The MRI dated 03/03/2011 of the thoracic spine revealed anterior wedging deformity at the T9, and mild disc desiccation at the T5-6, T7-8, T8-9, T9-10, and T10-11. The past treatment included a lumbar steroid injection. The medications included Norco 10/325 mg, MS Contin 30 mg, Lyrica (unknown mg). The treatment plan was to refill the Norco and MS Contin, start a testosterone replacement, return in 1 month, and continue current pain management. The request for authorization dated 03/07/2014 was submitted with documentation. The rationale for the testosterone injections, Norco, and MS Contin were not provided.

**Retrospective testosterone 1.5 ml IM injection:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Testosterone Replacement for Hypogonadism Page(s): 110.

**Decision rationale:** The request for the retrospective testosterone 1.5 ml IM injection is non-certified. Guidelines recommend in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Hypogonadism has been noted in patients receiving intrathecal opioids and long-term high dose opioids. Per the clinical notes, the injured worker is taking high dosage of opioid medications. There is insufficient documentation of the injured worker's current testosterone levels. The request did not indicate the frequency of the injections. As such, the request for Testosterone 1.5 MI IM Injection is not medically necessary.