

Case Number:	CM14-0091561		
Date Assigned:	09/10/2014	Date of Injury:	09/18/1991
Decision Date:	10/24/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/17/2014

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, has a subspecialty in Interventional Spine 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 patient is a 53-year-old male with date of injury of 09/18/1991. The listed diagnoses per [REDACTED] from 06/06/2014 are: 1. Lumbar disk disease. 2. Depression. 3. Muscle spasm. According to this report, the patient complains of low back pain and muscle spasms including joint pain and depression. He states that his pain is constant, dull, achy, and occasionally sharp with muscle spasms. Pain is 8/10 without pain medications and 4/10 with pain medications. Without medications, he is unable to do his activities of daily living or to function or get out of bed. The examination shows the patient is stable and is able to function and do normal activities of daily living. There is tenderness and pain in the lumbar spine. The treater notes that the patient's testosterone was low at 238. The patient tolerates his pain medications well, has no aberrant drug seeking behavior. The utilization review denied the request on 06/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depo-testosterone 200mg/ml 1-3/4 ml injection q 4 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioid) Page.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG) ODG Testosterone Replacement Treatment for Hypogonadism

Decision rationale: This patient presents with low back pain, muscle spasms, joint pain, and depression. The treater is requesting Depo-Testosterone 200 mg/mL. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on testosterone replacement treatments for hypogonadism states that it is recommended in limited circumstances for patient's taking high-dose long term opioids with documented low testosterone levels. ODG further states that hypogonadism has been noted in patients receiving intrathecal opioids and long term high dose opioids. The records show that the patient has been receiving Depo-testosterone 200 mg/mL since 12/16/2013. His current list of medications includes Baclofen, Morphine Sulfate, Nortriptyline, Neurontin, Naproxen, and Depo-Testosterone. The 06/06/2014 report notes the patient's September testosterone level is at 238. In this case, while the patient does not have a diagnosis of hypogonadism, his current testosterone levels indicate low levels, and the treater has noted low testosterone level secondary to chronic opioid regimen. The request is medically necessary.

Nortriptyline 25mg 2 tid #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines MTUS on Antidepressants Page(s): page 13 to 15.

Decision rationale: This patient presents with low back pain, muscle spasms, joint pain, and depression. The treater is requesting Nortriptyline 25 mg. The MTUS Guidelines page 13 to 15 on antidepressants states, "Recommended as the first line option for neuropathic pain and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. Assessment of treatment efficacy should include not only pain outcomes but also an evaluation of function, changes, and use of other analgesic medications, sleep quality and duration, and psychological assessment." "The records show that the patient has been prescribed Nortriptyline on 12/16/2013. The 06/06/2014 report notes, "With medications, he is able to do routine ADLs." In addition, the treater notes, "Patient is doing fantastic on his current pain protocol, is stable and able to function and do normal ADLs. He is also able to rake and do yard work and should continue pain medications at this time." In this case, the seems to be doing well with medications and the request is medically necessary.