

Case Number:	CM14-0096153		
Date Assigned:	07/28/2014	Date of Injury:	09/25/1996
Decision Date:	12/24/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/24/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 50 year old male who was injured on 9/25/1996. He was diagnosed with cervical disc degeneration with radiculopathy and cervical stenosis. He was treated with cervical surgery (fusion), medications, and physical therapy (including home stretches/exercises). He was also diagnosed with lumbar stenosis and lumbar radiculopathy treated with lumbar fusion. He continued on to experience chronic neck and lumbar pain and used medications chronically to help treat his pain, including opioids. On 5/21/14, the worker was seen by his primary treating physician, however, the progress note from that date was incomplete, missing subjective and objective notes about the worker's current status. The treatment plan included a recommendation to continue Percocet and testosterone cream.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient evidence to suggest this full review was completed at the time of the request as well months prior to this request to help justify continued Percocet use. There was no evidence of functional benefit from this medication which was up to date. Therefore, the Percocet is not medically necessary to continue without this documented evidence of benefit.

Testosterone Cream 4% #1: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines state that testosterone supplementation is recommended in limited circumstances for documented cases of low testosterone levels associated with symptoms of low testosterone (gynocomastia, decreased libido, etc.) and only when clearly associated with chronic high-dose opioid use. Decreased sexual function can also be related to normal aging, diabetes, side effects of other medication besides opioids (antidepressants, certain anti-epileptics), cardiovascular disease, and hypertension, any of which may confound any determination of causation from opioid use alone. There is little information in peer-reviewed literature that discusses how to treat opioid-induced androgen deficiency. Prescribing testosterone, if considered, should be done by an experienced physician with a special knowledge in this field, given the potential side effects such as hepatomas. In the case of this worker, he had been using testosterone for some time leading up to this request for continuation. However, there was insufficient information found in the documents provided for review showing the beginning of treatment, the associated testosterone levels associated with the diagnosis of low testosterone, and evidence of an association between the low testosterone and his opioid use, which might have helped justify its continuation. Without this documented evidence, the testosterone will be considered not medically necessary.