MAXIMUS Federal Services

Case Number:	CM14-0205790		
Date Assigned:	12/17/2014	Date of Injury:	02/20/2006
Decision Date:	03/03/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 52 year old male with an injury date on 2/20/06. The patient complains of continuing pain over the lower thoracic and upper lumbar region per 11/14/14 report. The patient states his pain is aggravated by prolonged sitting/standing/walking per 11/14/14 report. The patient describes his pain as rated 6-7/10 with use of medication, and 10/10 without medication per11/14/14 report. The patient notes 40% improvement in pain and function with current medication regimen per 10/24/14 report. Based on the 11/14/14 progress report provided by the treating physician, the diagnoses are: 1. s/p thoracic fusion T7 to T10 on 4/7/10 with hardware removal and augmentation of fusion on 4/27/11 with persistent thoracic pain. 2. s/p L4- 5 fusion in 1995 with minimal residual, previous settled work comp claim. 3. History of right wrist fusion in 2007 to 2008 of industrial causation4. Hypogonadism secondary to prolonged opioid utilization. 5. Thoracic spine hardware removal surgery (11/26/12). 6. Myofascial pain. 7. Bilateral sensorineural hearing loss and tinnitusA physical exam on 11/14/14 showed "negative straight leg raise bilaterally. Patient's pain aggravated by extension/rotation." The patient's treatment history includes medications, TENS (beneficial), acupuncture, chiropractic treatments, ENT consultation, left lateral epicondyle surgery, postoperative physical therapy for elbow, medial branch nerve block. The treating physician is requesting oxycodone IR 15mg #180, colace 100mg #60, 4 urine drug screen in a year, and fortesta 60mg #2 cannister. The utilization review determination being challenged is dated 11/25/14 and denies fortesta as the current requests for opioids are not being certified, and lack of recent lab work showing low testosterone levels. The requesting physician provided treatment reports from 3/28/14 to 12/3/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 15mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Medication for Chronic Pain Page(s): 88-89, 76-78; 60-61.

Decision rationale: This patient presents with pain in lower thoracic and upper lumbar region. The treating physician has asked for OXYCODONE IR 15MG #180 on 11/14/14. The patient has been taking Oxycodone since 3/28/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician indicates a decrease in pain with current medications which include Oxycodone, stating he notes 30-40% improvement in pain and 30-40% improvement in function with current medication regimen" per 11/14/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living are not discussed. There is no discussion of return to work or change in work status attributed to the use of the opiate. Urine toxicology has been administered on 8/29/14 with consistent results, but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. The request IS NOT medically necessary.

Colace 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse, University of Iowa College of Nursing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioid-induced constipation treatment.

Decision rationale: This patient presents with pain in lower thoracic and upper lumbar region. The treater has asked for COLACE 100MG #60 on 11/14/14 report. The patient has been taking Colace since 8/29/14 report. The patient previously failed Miralax due to lack of benefit per 9/30/14 report. Regarding Opioid-induced constipation treatment, ODG recommends that

Prophylactic treatment of constipation should be initiated. ODG states: "As first-line treatment, patient should be advised to increase physical activity, maintain appropriate hydration by drinking enough water, and follow a proper diet, rich in fiber. In addition, some laxatives may help to stimulate gastric motility. Other over-the-counter medications can help loosen otherwise hard stools, add bulk, and increase water content of the stool." In this case, the patient is on opioids and prophylactic treatment of constipation is indicated. However, there is no documentation about the effectiveness since patient began taking Colace on 8/29/14. The requested colace 100mg #60 is not indicated at this time. The request IS NOT medically necessary.

4 Urine Drug Screen in a year: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to avoid opioid misuse; Opioids, steps to avoid misuse/addictionDrug Testing Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter , Urine drug testing.

Decision rationale: This patient presents with pain in lower thoracic and upper lumbar region. The treater has asked for 4 URINE DRUG SCREEN IN A YEAR on 11/14/14 report. The patient had 3 prior urine drug screens on 1/29/14 which was consistent and expected with patient's prescribed medications per 5/28/14 report. The patient also had 3 other urine drug screens on 5/28/14, 8/29/14, and 11/12/14 which showed consistent results. The patient is a low risk for opiate addition per 11/14/14 report. Regarding urine drug screens, MTUS recommends to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. In this case, the patient does not present with aberrant behaviors that would warrant such frequent testings. A recent urine drug screen was done, which had findings consistent with prescribed medications. ODG states once yearly is suffice for low risk patients. The request for 4 drug screens in a year IS NOT medically necessary.

Fortesta 60mg #2 cannister: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) - Testosterone replacement for hypogonadism (related to opioids)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Page(s): 110-111.

Decision rationale: This patient presents with pain in lower thoracic and upper lumbar region. The treater has asked for FORTESTA 60MG #2 CANNISTER on 11/14/14 report. The patient has been taking Fortesta since 3/28/14 report. The patient's free testosterone level is 34 pg/mL and bioavailable testosterone is 71.6 ng/dL, and "both are well below the reference range" per

11/14/14 report. Regarding Testosterone replacement for hypogonadism (related to opioids), MTUS recommends in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. MTUS states: "Hypogonadism has been noted in patients receiving intrathecal opioids and long-term high dose opioids. Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or 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." In this case, the patient does have hypogonadism related to long-term opioid use, and has documented low levels of testosterone. The patient's free testosterone level is 34 pg./mL and bioavailable testosterone is 71.6 ng/dL. MTUS recommends testosterone replacement for patients taking high-dose long-term opioids with documented low testosterone levels. The requested Fortesta IS medically necessary.