

Case Number:	CM15-0130216		
Date Assigned:	07/16/2015	Date of Injury:	07/27/2003
Decision Date:	08/13/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/06/2015

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: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 49 year old male who reported an industrial injury on 7/27/2003. His diagnoses, and or impression, were noted to include: Opioid dependence; degeneration of the cervical, thoracic and lumbar inter-vertebral discs; depression and anxiety. No current imaging studies were noted. His treatments were noted to include spine surgery; a home exercise program-effective; and medication management with toxicology screenings. The progress notes of 6/16/2015 reported a re-valuation of unchanged thoracolumbar spine pain, with history of thoracolumbar spinal fusion, and to discuss acceptable alternative treatments to the denied, effective, Andro Gel and Buprenorphine for which he cannot pay out-of-pocket; and treatments which must exclude returning to Norco and Oxycontin which do not allow for him to feel clearheaded. Objective findings were noted to include no acute distress; stable mood; pain behaviors that were in the expected context of disease; persistent left-sided thoracic back pain motivated and managed on current medications and exercise, using the Andro-Gel for androgen deficiency secondary to chronic opioid use, and that it works better, he feels better and functions better with it. The physician's requests for treatments were noted to include the continuation of Andro Gel and the lowest dose possible of Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Andro Gel 1.62%, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 7461 and version 25.0.

Decision rationale: Testosterone should be administered only to men who are hypogonadal, as evidenced by clinical signs and symptoms consistent with androgen deficiency and a subnormal AM testosterone levels on three separate occasions. Ideally samples should be done fasting. Suggestive symptoms of low testosterone include low libido, decreased morning erections, loss of body hair, low BMD, gynecomastia, and small testes. Symptoms such as fatigue, depression, anemia, reduced muscle strength, and increase in fat are less specific. The beneficial effects of testosterone in these men are clear and these men should be treated until their serum testosterone is normal in the AM. Some clinicians favor < 300 as unequivocally low and others favor < 200 as unequivocally low. Men should be aware of the uncertainty of testosterone treatment and the possible risks, including erythrocytosis, exacerbation of prostate cancer, BPH, and cardiovascular disease. In men who have symptoms that could be the result of low testosterone, for example fatigue, but do not have repeatedly subnormal testosterone levels, Up to date strongly recommends against the use of testosterone because there is no evidence that these men benefit from treatment and are subject to the possible risks of testosterone treatment. Testosterone gels are often recommended as a vehicle for delivering the testosterone because they usually result in normal and relatively stable serum testosterone concentrations, and most patients prefer them over other testosterone preparations. In our specific patient, it was stated that Andro gel was given for opioid induced narcotic deficiency. This is not a stated side effect of opioids and we have no indication that serial AM testosterone levels were deficient. Therefore, the possible side effects outweigh the possible benefit and the UR was correct in its determination. Therefore, the request is not medically necessary.

OxyContin 10mg QTY: 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 92. Decision based on Non-MTUS Citation Up to date topic 7461 and version 25.0.

Decision rationale: The MTUS states that oxycontin is a controlled release formulation of oxycodone HCL and is indicated for management of moderate to severe pain when continuous around the clock analgesia is required for an extended period of time. We note that it should not be given on a PRN basis. It presents with the usual narcotic risks of addiction, abuse, and misuse. Also, we note that the extended release formulations have an increased risk of overdose and death. Adverse effects include drowsiness, dizziness, constipation, nausea, emesis, orthostatic hypotension, headache, anxiety, dyspnea, and muscle weakness. If at all possible,

when narcotics are necessary short acting formulations should first be tried because the long acting forms such as oxycontin can accumulate and have an increased risk of overdose and death. Therefore, the UR was correct in its decision and the request is not medically necessary.