

<b>Case Number:</b>	CM15-0143941		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	05/16/2008
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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, Indiana, New York  
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:

The injured worker is a 65 year old male, who sustained an industrial injury on 05-16-2008 secondary to lifting on a repetitive basis, several heavy sofas from the back of a truck, resulting in right shoulder and neck discomfort. On provider visit dated 06-10-2015 the injured worker has reported lower backache. Pain was rated without medication an 8 out of 10. On examination of the lumbar spine revealed a restricted range of motion. Lumbar facet loading was positive on both sides. Stretch of piriformis was negative. The diagnoses have included thoracic pain and low back pain. Treatment to date has included medication and laboratory studies. The provider requested Oxycontin, Testim and Docusate Sodium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 60mg #90, 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, OxyContin 60 mg #90 times 2 refills is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are thoracic pain; and low back pain. Date of injury is May 16, 2008. The request for authorization is July 10, 2015. According to a July 19, 2011 AME, the injured worker was prescribed OxyContin, Senokot and a testosterone cream. On July 17, 2012, the testosterone cream was being industrially related. According to a December 31, 2014 progress note, docusate sodium, Testim 1% and OxyContin were prescribed by the treating provider. According to the most recent progress note dated July 8, 2015, subjectively the injured worker complained of neck and shoulder pain. There were no complaints of sexual dysfunction or ongoing constipation. Objectively, the lumbar spine showed decreased range of motion and positive facet loading. Current medications include Valium, OxyContin 60 mg, Testim 1%, Ambien, Docusate, atenolol, and lisinopril. According to the utilization review certification # 1134696 OxyContin 60 mg with modified to #15 with recommendations to taper. There were no risk assessments in the medical record. There are no detailed pain assessments in the medical record. There is no documentation demonstrating objective functional improvement. Consequently, absent clinical documentation demonstrating objective functional improvement, continue tapering per the utilization review, detailed pain assessments and risk assessments, OxyContin 60 mg #90 times 2 refills is not medically necessary.

**Testim 1% 50mg #30, 2 refills:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a605020.html>.

**Decision rationale:** Pursuant to Medline plus, Testim 1% (50 mg/5gm) #30, 2 refills is not medically necessary. Testosterone topical is used to treat the symptoms of low testosterone in men who have hypogonadism (a condition in which the body does not produce enough natural testosterone). Testosterone is used only for men with low testosterone levels caused by certain medical conditions, including disorders of the testicles, pituitary gland, (a small gland in the brain), or hypothalamus (a part of the brain) that cause hypogonadism. Your doctor will order

certain tests to check your testosterone levels to see if they are low before you begin to use testosterone topical. Testosterone is in a class of medications called hormones. Testosterone is a hormone produced by the body that contributes to the growth, development, and functioning of the male sexual organs and typical male characteristics. Testosterone topical works by replacing the testosterone that is normally produced by the body. In this case, the injured worker's working diagnoses are thoracic pain; and low back pain. Date of injury is May 16, 2008. The request for authorization is July 10, 2015. According to a July 19, 2011 AME, the injured worker was prescribed OxyContin, Senokot and a testosterone cream. On July 17, 2012, the testosterone cream was being industrially related. According to a December 31, 2014 progress note, docusate sodium, Testim 1% and OxyContin were prescribed by the treating provider. According to the most recent progress note dated July 8, 2015, subjectively the injured worker complained of neck and shoulder pain. There were no complaints of sexual dysfunction or ongoing constipation. Objectively, the lumbar spine showed decreased range of motion and positive facet loading. Current medications include Valium, OxyContin 60 mg, Testim 1%, Ambien, Docusate, atenolol, and lisinopril. Testosterone cream was found to be industrially related July 17, 2012. The injured worker is followed monthly. There is a single testosterone level in the medical record from July 2001. There were no additional testosterone levels in the medical record. Additionally, the injured worker was followed monthly and there is no clinical indication for two refills. Additionally, the request for Testim 1% 50 mg, #30 with two refills is not written correctly. Testim is a gel and doesn't come in a 50 mg form. Consequently, absent clinical documentation supporting the need for additional refills when the injured worker is followed monthly, no subsequent testosterone levels other than July 2001, no documentation demonstrating objective functional improvement, Testim 1% (50 mg/5gm) #30, 2 refills is not medically necessary.

**Docusate sodium 250mg #60, 3 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Et al. Management of constipation. University of Iowa.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a601113.html>.

**Decision rationale:** Pursuant to Medline plus, Testim 1% (50 mg/5gm) #30, 2 refills is not medically necessary. Testosterone topical is used to treat the symptoms of low testosterone in men who have hypogonadism (a condition in which the body does not produce enough natural testosterone). Testosterone is used only for men with low testosterone levels caused by certain medical conditions, including disorders of the testicles, pituitary gland, (a small gland in the brain), or hypothalamus (a part of the brain) that cause hypogonadism. Your doctor will order certain tests to check your testosterone levels to see if they are low before you begin to use testosterone topical. Testosterone is in a class of medications called hormones. Testosterone is a hormone produced by the body that contributes to the growth, development, and functioning of the male sexual organs and typical male characteristics. Testosterone topical works by replacing the testosterone that is normally produced by the body. In this case, the injured worker's working

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