

<b>Case Number:</b>	CM15-0181673		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	12/19/2002
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2015

### 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: 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 injured worker is a 57-year-old male who sustained an industrial injury on December 19, 2002. Diagnoses have included chronic low back pain, sacralization of L5, chronic mixed headache syndrome, depression, right L5 radiculopathy, multiple disc disease lumbar with spondylosis and nerve impingement, causalgia, fibromyalgia, and complex regional pain syndrome. Lab report dated 6-4-2015 is stated by the physician as indicating low testosterone levels. Documented treatment includes cervical fusion; L2-3 retrolisthesis with translation; weekly testosterone injection 8-18-15 to "make him more functional and improve attitude"; Hydrocodone for breakthrough pain; Norco, Promethazine; Nuvigil; Alprazolam; and, Oxycontin, which is stated 7-21-15 to provide "great" effectiveness. Medical records show that has been treated with Oxycontin for at least five years. On 8-18-15, the physician states this is the medication which is most helpful, but the injured worker "tries to keep his intake at 6 per day." He is stated to be allergic to Methadone and Morphine. At the 8-8-15 visit, the injured worker reports "escalating pain" with neck and low back pain rated at 5-7 out of 10 with his current medications. 7-21-15 pain was rated as 4 out of 10 during the previous month. Pain is described as sharp, achy, spasms, burning, and on 7-21-15 he reported tingling and numbness. He also reports intermittent right-sided sciatica. On a Quality of Life Scale, the injured worker rates his functionality as 4 out of 10 on 8-15-15, and 3 out of 10 on 7-21-15, with 0 being non-functioning, and 10 being "normal quality of life." Objectively, the physician notes reduced range of motion in cervical and lumbar areas, antalgic gait, and bilateral muscle triggers. Due to testosterone lab results the physician's plan of care includes increasing his testosterone from 100

to 200 mg per week and a request was submitted for testosterone 200 mg-ml injection. This was denied on 9-1-15. Oxycontin 10 mg. #210 was also requested and is stated to be a "lower dose" but this was modified to #84. Current work status is stated as "unable to work due to chronic pain."

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **1 prescription of Oxycontin 10 mg #210: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The current request is for 1 prescription of Oxycontin 10 MG #210. Treatment history include cervical fusion, physical therapy, injections and medications. The patient is not working. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 08/08/15, the patient presents with chronic neck, lower back and hip pain. The request is for a refill of Oxycontin. The patient has been prescribed Oxycontin since 2012. The patient reports pain level as 5-7/10 with medications. He states that with the use of Oxycontin he is able to participate in his daughter's classroom, shop, drive and do simple chores around the house. He is also able to continue exercising with medications. Without his medications he is "bed ridden." The patient has tried Methadone and Morphine in the past with side effects including nausea. The patient had a consistent UDS on 03/19/15, and there is no reported side effects with Oxycontin. In this case, the 4A's have been addressed, and adequate documentation has been provided including numeric scales and functional measures that show significant improvement. The request appears to be in accordance with guidelines. Therefore, this request is medically necessary.

#### **Unknown testosterone 200 mg/ml injection (#0.5 ml/week): Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Testosterone replacement for hypogonadism (related to opioids).

**Decision rationale:** The current request is for unknown testosterone 200 mg/ml injection (#0.5 ml/week). Treatment history includes cervical fusion, physical therapy, injections and medications. The patient is not working. MTUS Guidelines, page 70, Testosterone Replacement for Hypogonadism (Related to Opioids) states: "Recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. 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." Per report 08/08/15, the patient presents with chronic neck, lower back and hip pain. The request is for increasing the patient's testosterone therapy from 100 to 200 mg per week as the patient's lab results indicate low levels of testosterone. MTUS recommends testosterone replacement for patient taking high-dose long-term opioids with documented low testosterone levels. Given the patient's chronic opiate use and documentation of low level of testosterone, the request is medically necessary.