

Case Number:	CM15-0209224		
Date Assigned:	10/28/2015	Date of Injury:	06/01/2006
Decision Date:	12/15/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/23/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 51 year old male sustained an industrial injury on 6-1-06. Documentation indicated that the injured worker was receiving treatment for lumbar sprain and strain with radiculitis and lumbago. Previous treatment included lumbar fusion, massage, physical therapy, chiropractic therapy, epidural steroid injections and medications. In a PR-2 dated 9-24-15, the injured worker complained of low back pain, rated 9 to 10 out of 10 without medications and 5 to 6 out of 10 with medications. The injured worker reported that he wanted to change from Percocet to Oxycodone to eliminate acetaminophen. The injured worker was scheduled for lumbar surgery on 10-21-15. The physician noted that the injured worker was very low energy. The treatment plan included discontinuing Percocet, changing to Oxycodone ("plus extra for expected postoperative pain"), restarting Androgel and obtaining a serum prostate specific antigen level prior to surgery. On 9-30-15, Utilization Review non-certified a request for Androgel 1.62% and lab work (serum prostate specific antigen) and modified a request for Oxycodone 10mg #240 and Oxycodone 20mg #240 to Oxycodone 10mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Androgel 1.62%: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Testosterone replacement for hypogonadism (related to opioids). Decision based on Non-MTUS Citation Snyder PJ, et al. Testosterone treatment of male hypogonadism. Topic 7461, version 171.0. UpToDate, accessed 12/12/2015. Testosterone: Drug information. Topic 7461, version 25.0. UpToDate, accessed 12/12/2015.

Decision rationale: Androgel (topical testosterone) is a hormone medication. The MTUS Guidelines are silent on this issue. Hypogonadism in a man refers to decreased sperm or testosterone production. Some symptoms of low testosterone include a low interest in sex, loss of body hair, and small testicles. Testosterone should only be used to treat this condition when three sets of blood tests done between 08:00 and 10:00 in the morning show the testosterone level is low. Symptoms of hypogonadism will not be relieved if the testosterone level is already normal, and this can cause negative side effects and complications. The goal of treatment is raise the testosterone to normal levels. This medication can be used in oral, nasal, topical, and long-acting forms. The literature does not support testosterone treatment for those with low testosterone levels due only to older age. The submitted and reviewed documentation indicated the worker was experiencing fatigue, anxious and depressed moods, constipation, back and neck pain, pain in the right arm and leg, and headaches. It was unclear how the diagnosis of hypogonadism was made. There was no detailed documentation exploring the worker's hypogonadism symptoms. There was no discussion describing special circumstances that sufficiently supported this request. Further, the request was for an indefinite supply of medication, which would not account for changes in the worker's care needs. For these reasons, the current request for an indefinite supply of Androgel (topical testosterone) 1.62% is not medically necessary.

Oxycodone 10mg #240 with 1 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, psychological intervention, Opioids, screening for risk of addiction (tests), Opioids, specific drug list, Opioids, steps to avoid misuse/addiction, Opioid hyperalgesia, Weaning of Medications.

Decision rationale: Oxycodone is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain

intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation indicated the worker was experiencing fatigue, anxious and depressed moods, constipation, back and neck pain, pain in the right arm and leg, and headaches. While the pain assessments did not include all of the elements recommended by the Guidelines, many were documented. These records suggested this medication along with acetaminophen significantly improved the worker's pain intensity and function. In addition, the worker was going to have imminent surgery to ultimately decrease the pain, and it would not be unreasonable to continue with short-acting medication temporarily with a subsequent wean as the pain decreased with the treatment. In light of this supportive evidence, the current request for 240 tablets of oxycodone 10mg with one refill is medically necessary.

Serum prostate specific antigen (PSA): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS Guidelines support the evaluation of the blood test for the prostate-specific antigen (PSA) for men who are using opioids long-term at high doses, are experiencing signs of decreased hormones produced by the sex glands as a result, and who are going to start replacement therapy with testosterone. The submitted and reviewed documentation indicated the worker was experiencing fatigue, anxious and depressed moods, constipation, back and neck pain, pain in the right arm and leg, and headaches. It was unclear how the diagnosis of hypogonadism was made. There was no detailed documentation exploring the worker's hypogonadism symptoms. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for serum PSA testing is not medically necessary.