

Case Number:	CM14-0116976		
Date Assigned:	09/19/2014	Date of Injury:	10/15/2002
Decision Date:	10/29/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 47 year old male who was injured on 10/15/2002. The mechanism of injury is unknown. Prior treatment history has included left L5-S1 transforaminal epidural steroid injection and epidurogram on 09/28/2012. Progress report dated 06/30/2014 states the patient presented with complaints of constant pain in his back. He was reportedly taking Norco 4 to 5 times a day for his pain as well as Protonix to offset his dyspepsia. He reported taking AndroGel for testosterone replacement due to hypogonadism from chronic narcotic use. The patient rated his pain as 10/10 without his medications and 5/10 with his medications. His functional improvement is improved to about 50%. On exam, the lumbar spine range of motion is limited revealing forward flexion to 30 degrees; extension to 10 degrees; right and left straight leg raise at 80 degrees which caused left-sided back pain. Deep tendon reflexes were 1+ at the knees and ankles. The patient is diagnosed with depression, hypogonadism, neuropathic leg pain, status post artificial disc placed at L1 L2. The patient has been recommended and prescribed Protonix 40 mg #60, AndroGel packets #30; Norco 10/325 mg #140 tablets. Prior utilization review dated 07/15/2014 states the request for AndroGel packets #30 is not certified as there is a lack of documented evidence to support the request; Norco 10/325 mg, #140 is modified to certify Norco 10/325 mg #105; and Protonix 40 mg, #60 is denied as it is not supported by the guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

AndroGel packets #30: Upheld

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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain, Testosterone replacement for hypogonadism (related to opioids)

Decision rationale: The MTUS guidelines do not address this request. According to ODG guidelines, testosterone replacement is "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. In this case a request is made for Androgel (testosterone) to treat hypogonadism in a 47-year-old male injured on 10/5/02 with chronic low back pain prescribed opioids on a long-term basis. The patient has been taking Androgel for several years after laboratory studies revealed low testosterone presumed secondary to chronic opioid use. However, the lab report is not provided. There is no discussion of hypogonadal symptoms or signs. Androgel is reported to be "helpful." No other commentary on treatment response is provided. Further, long-term opioid use does not appear to be warranted in this patient. Medical necessity is not established.

Norco 10/325 mg, #140: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96.

Decision rationale: According to MTUS guidelines, opioids may be recommended for moderate to severe pain. Efficacy of long-term opioid use for chronic low back pain or neuropathic pain is not established. In this case a request is made for Norco for a 47-year-old male injured on 10/5/02 with chronic low back pain prescribed opioids on a long-term basis. However, history and examination findings do not support clinically significant functional improvement, including reduction in dependency on medical care, pain reduction or improved quality of life from use of Norco. The patient is not working. Medical necessity is not established.

Protonix 40 mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk, Page(s): 68-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Proton pump inhibitors

Decision rationale: According to MTUS and ODG guidelines, proton pump inhibitors are recommended for patients taking NSAIDs at moderate to high risk of gastrointestinal events. Further, according to ODG guidelines, "...the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. If a PPI is used, omeprazole OTC tablets or lansoprazole 24HR OTC are recommended for an equivalent clinical efficacy and significant cost savings. A trial of omeprazole or lansoprazole is recommended before Nexium therapy. The other PPIs, Protonix, Dexilant, and Aciphex, should also be second-line. This is a request for Protonix (pantoprazole) for a 47-year-old male with chronic low back pain prescribed Protonix on a scheduled basis for years. However, the patient is not taking currently NSAIDs according to records. Moderate to high risk of gastrointestinal events is not clearly established. There is no discussion of a failure of first-line proton pump inhibitors. Protonix is not recommended on the ODG Workers' Compensation Drug Formulary. Medical necessity is not established.