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| <b>Case Number:</b>   | CM14-0143682 |                              |            |
| <b>Date Assigned:</b> | 09/12/2014   | <b>Date of Injury:</b>       | 09/16/2009 |
| <b>Decision Date:</b> | 11/10/2014   | <b>UR Denial Date:</b>       | 08/05/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 09/04/2014 |

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant is a 56 year-old male with a history of a work injury with date of injury of 09/16/09. On 01/17/06 while working as a welder and fabricator he was struck on his left knee. He developed pain and swelling. An MRI scan of the knee in July 2006 showed findings of a lateral meniscus tear and advanced arthritis. He underwent arthroscopic surgery on 11/03/06 with partial meniscectomy and debridement. He returned to work in January 2007. In December 2007 there was another work-related injury caused by bending in an awkward position and he developed low back pain. Treatments included physical therapy and medications. He was seen by the requesting provider on 06/18/14. He was having radiating neck and back pain, right shoulder pain, hand and wrist pain and stiffness. Medications were aspirin, Cialis, Vicodin 10/325 mg, and vitamins. Physical examination findings included a normal gait. On 07/21/14 medications now included Butrans, Norco 10/325 mg, and Vicodin 10/325 mg is also listed at four times per day. His Butrans dose had been increased. Recommendations included obtaining prior records and lab testing. On 08/20/14 he had ongoing symptoms. Test results were reviewed. There was a normal examination. The impression references diagnoses of lumbar and cervical pain, bilateral knee pain, bilateral rotator cuff tears, and bilateral carpal tunnel syndrome. Butrans 10 mcg #4, Norco 10/325 mg #120, and Cialis 5 mg #30 were prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cialis 5mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches Page(s): 6.

**Decision rationale:** The claimant has a history of several work-related injuries and continued to be treated for chronic knee, spine, and upper extremity pain. He has advanced degenerative joint disease of the right knee. Treatments have included knee arthroscopy and medications. Sexual dysfunction occurs for multiple reasons which would include hormonal deficiency, diabetes, atherosclerosis, hypertension, peripheral vascular disease, and pharmacologically-induced effects. In this case, the prescribing of Cialis appears to be on an empiric basis. Identification of the reason for and treatment of the claimant's erectile dysfunction would be the expected management.

**Butrans patch 10mcg #4:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** The claimant has a history of several work-related injuries and continued to be treated for chronic knee, spine, and upper extremity pain. He has advanced degenerative joint disease of the right knee. Treatments have included knee arthroscopy and medications which include Butrans and Norco. He has not returned to work. Butrans is a sustained release opioid used for treating base line pain. It is being prescribed on a long term basis. The claimant has not returned to work and there is no evidence of progress towards a decreased reliance on medical care or return to work plan. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Butrans is not medically necessary.

**Norco 10/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): p76-80.

**Decision rationale:** The claimant has a history of several work-related injuries and continued to be treated for chronic knee, spine, and upper extremity pain. He has advanced degenerative joint disease of the right knee. Treatments have included knee arthroscopy and medications which include Butrans and Norco. He has not returned to work. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it

is being prescribed on a long term basis. The claimant has not returned to work and there is no evidence of progress towards a decreased reliance on medical care or return to work plan. The claimant meets criteria for discontinuing opioid medication and therefore continued prescribing of Norco was not medically necessary.

**Hemoglobin A1C: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Institutes of Health

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes (Type 1, 2, and Gestational), Glucose monitoring

**Decision rationale:** The claimant has a history of several work-related injuries and continued to be treated for chronic knee, spine, and upper extremity pain. He has advanced degenerative joint disease of the right knee. When seen by the requesting provider, the claimant's complaints and the review of systems do not describe any symptoms suggestive of glucose dysregulation or history of diabetes. Guidelines recommend glucose monitoring for people with type 1 diabetes as well as for those with type 2 diabetes who use insulin therapy. Hemoglobin A1C should be measured at least twice yearly in all patients with diabetes and at least 4 times yearly in patients not at target. In this case, the claimant does not have diabetes; therefore, the requested Hemoglobin A1C testing is not medically necessary.

**Testosterone Free and Total AM: 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 Chapter

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

**Decision rationale:** The claimant has a history of several work-related injuries and continued to be treated for chronic knee, spine, and upper extremity pain. He has advanced degenerative joint disease of the right knee. Treatments include opioid medications at a total MED (morphine equivalent dose) of 60 mg per day. 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 and who exhibit symptoms or signs of hypogonadism. In this case, there are no reported signs or symptoms of hypogonadism and the claimant is not taking high dose opioid medication. Therefore the requested testosterone testing is not medically necessary.