

Case Number:	CM14-0166893		
Date Assigned:	10/14/2014	Date of Injury:	12/24/2007
Decision Date:	11/17/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/09/2014

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 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:

This is a male patient with the date of injury of December 24, 2007. A utilization review determination dated October 6, 2014 recommends non-certification of testosterone cypionate 200mg/ml (10cc injections) #2, Nucynta 100 mg #150 modified to #120 to initiate downward titration, and Opana IR 10 mg #180 modified to #120 to initiate weaning process. A progress note dated September 29, 2014 identifies that the patient presents for refills and testosterone shot, the patient is doing about the same, patient is awaiting fusion repair, upper back pain is severe, and hands are numb. The patient reports that he needs complete assistance with housework and gardening. His pain level is a 9 on a 10 scale without medications and is a 7 on a 10 scale with medications. Physical examination identifies left arm abducts >110, range of motion of the neck is painful, and is not able to flex/extend. The diagnoses include cervical and lumbar chronic pain, C4, C5, C6 fusion coming apart, and soft tissue myofascial pain. The treatment plan recommends a refill of Nucynta 100 mg #150, refill of Opana IR 10 mg #180, refill of soma 350 mg #60, and refill of testosterone Cypionate. The patient received a testosterone shot 200mg/ml, 2 cc in right arm. A urine drug screen collected on June 10, 2014 was positive for cannabinoids, meprobamate, and oxymorphone.

IMR ISSUES, DECISIONS AND RATIONALES

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

S5001 Testosterone Cypionate 200mg/ml (10cc injections) Qty: 2.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-111.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Testosterone

Decision rationale: Regarding the request for testosterone cypionate 200mg/ml (10cc injections) #2, California MTUS does not address the issue. ODG cites that testosterone replacement is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Within the documentation available for review, there is no documentation of a low testosterone level for which replacement would be indicated. In the absence of such documentation, the request for Testosterone Cypionate 200mg/ml (10cc injections) #2 is not medically necessary.

Nucynta 100mg Qty: 150.00: 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-TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Nucynta 100mg #150, California Pain Medical Treatment Guidelines state that Nucynta is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement), and no documentation regarding side effects. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, there is a provision to modify the current request to allow tapering. In light of the above issues, the currently requested Nucynta 100mg #150 is not medically necessary.

Opana IR 10mg Qty: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Opana IR 10mg #180, California Pain Medical Treatment Guidelines state that Opana is an opiate pain medication. Due to high abuse potential,

close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, there is a provision to modify the current request to allow tapering. In light of the above issues, the currently requested Opana IR 10mg #180 is not medically necessary.