

<b>Case Number:</b>	CM14-0210156		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	04/02/2002
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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, Indiana, New York  
Certification(s)/Specialty: Internal 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 is a 45 year old male with a work injury dating 08/06/2001 & 04/02/2002. On 10/23/2014 he presented for follow up complaining of back pain, neck pain and shoulder pain. His current medications were Lyrica, Robaxin, Tizanidine and Norco (4-5) per day. He stated he felt like his pain level was slightly higher but he was managing with his meds. The injured worker rates neck pain as 6-7/10, lower back pain as 5/10 and his mood as 5/10. On 10/23/2014 CURES report noted no provider overlap for opioid analgesics. Urine drug screen on 08/28/2014 was consistent with medications. Physical exam revealed limited range of motion of neck with extension at 20 degrees and rotation to left at 30 degrees. Gait was normal and the injured worker did not use any walking aids. The IW had prior treatment with a cervical fusion and a 2 level replacement in the lumbar spine. He had also responded well to trigger point injections and myobloc. The provider requested testosterone 1.62% transdermal 2 pumps by transdermal route every morning for 60 days 150 grams with 1 refill, Norco 10/325 one by mouth every 4 hours as needed for moderate pain (4-6) or severe pain (7-10) for up to 60 days # 130 with no refill, tizanidine (Zanaflex) 4 mg one by mouth at bedtime as needed for muscle spasms for up to 60 days # 30 with one refill and methocarbamol (Robaxin) 750 mg one by mouth 4 times a day as needed for muscle spasms for up to 60 days # 120 with one refill. On 11/13/2014 utilization review issued a decision of non-certification for the above request citing the following:-  
Androgel - "Testosterone replacement is not medically necessary where opiates are not prescribed as in this case." Guidelines - Official Disability Guidelines, Pain Chapter- Norco  
- "Significant functional benefit is not described as function is only rated at 5/10 which is

moderate functioning. Therefore, non-certification is recommended due to lack of efficacy." Guidelines - CA MTUS - Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use.- Robaxin and Zanaflex - "As there is no indication this patient is currently experiencing an acute flare up of symptoms and has chronic pain symptoms, ongoing use of Zanaflex and Robaxin are not recommended for ongoing use." Guidelines - CA MTUS, Chronic Pain Medical Treatment Guidelines - Muscle relaxants. The decision was appealed to Independent Medical Review.

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

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

**Testosterone (Androgel) 1.62% (20.25mg/1.25gm) 2 pumps QAM #150g with 1 refill:**  
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), Testosterone replacement for hypogonadism

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism Page(s): 110. Decision based on Non-MTUS Citation Pain section, Testosterone replacement for hypogonadism

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, testosterone (Androgel 1.62% (20.25mg /1.25gm) two pumps every morning #150 with one refill is not medically necessary. Testosterone is recommended in limited circumstances for patients taking high dose long-term opiates with documented low testosterone levels. Routine testing of testosterone levels in men taking opiates is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men were taking long-term, high dose oral opiates or intrathecal opiates or who exhibit symptoms or signs of hypogonadism. Hypogonadism secondary to opiates appears to be central, although the exact mechanism has not been determined. Testosterone levels range from 300 to 1000ng/dl. In this case, the injured workers working diagnoses are displacement of lumbar intervertebral disc without myelopathy; displacement of cervical intervertebral disc without myelopathy; and follow-up examination, following surgery, unspecified. Subjectively, the medical record does not contain symptoms referencing hypogonadism. Objectively, the medical record does not contain signs referencing hypogonadism. From June 2013 work in the medical record (normal range 801). There was an additional testosterone level of 269, however, there was no date attached to that value. There were no other testosterone levels in the medical record for review. Testosterone replacement is recommended for patients taking high dose long-term opiates with documented low testosterone levels. The injured worker is taking Androgel, however, the documentation does not state the length of time of its use. There is no documentation of an endocrine evaluation or recent testosterone level (as noted above). Consequently, absent clinical documentation to support the ongoing use of testosterone replacement (Androgel) with testosterone levels, documentation of clinical symptoms and/or signs and the appropriate consultations, testosterone (Androgel 1.62% (20.25mg /1.25gm) two pumps every morning #150 with one refill is not medically necessary.

**Hydrocodone/acetaminophen Norco 10/325mg one (1) q4hrs prn pain #130: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg one tablet every four hours as needed #130 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing open to use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be continued on meeting those goals. In this case, the injured worker's working diagnoses are displacement of lumbar intervertebral disc without myelopathy; displacement of cervical intervertebral disc without myelopathy; and follow-up examination, following surgery, unspecified. The documentation indicates the injured worker has been taking Norco as far back as July 3, 2014. This is the oldest progress note in the medical record and, as a result, the start date is not documented. There is no evidence of objective functional improvement in the medical record associated with Norco. There were no risk assessments in the medical record. Consequently, absent clinical documentation to support the ongoing use of Norco indicating objective functional improvement, Norco 10/325 mg one tablet every four hours as needed #130 is not medically necessary.

**Tizanidine Zanaflex 4mg one (1) QHS #30 x 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, muscle relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tizanidine 4 mg one tablet QHS #30 with one refill is not medically necessary. Muscle relaxants are recommended with caution as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appeared to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are displacement of lumbar intervertebral disc without myelopathy; displacement of cervical intervertebral disc without myelopathy; and follow-up examination, following surgery, unspecified. The guidelines recommend muscle relaxants short-term (less than two weeks) for treatment of acute low back pain. The documentation indicates the injured worker was taking tizanidine as far back as July 3, 2014. This was the earliest progress note and does not reflect the actual start date. Additionally, the injured worker is taking a second muscle relaxant (Robaxin)

concurrently. Robaxin is taken during the day and tizanidine at night (bedtime). There is no clinical rationale the medical record explaining why two muscle relaxants are being given concurrently. The treating physician has exceeded the recommended guidelines. Consequently, absent clinical documentation to support the ongoing use of Tizanidine in contravention of the recommended guidelines, given concurrently with the second-muscle relaxant with no clinical rationale, Tizanidine 4 mg one tablet QHS #30 with one refill is not medically necessary.

**Methocarbamol Robaxin 750mg one (1) QID #120 x 1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Methocarbamol/ Robaxin 750 mg one tablet Q ID #120 with one refill is not medically necessary. Muscle relaxants our recommended with caution as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appeared to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are displacement of lumbar intervertebral disc without myelopathy; displacement of cervical intervertebral disc without myelopathy; and follow-up examination, following surgery, unspecified. The guidelines recommend muscle relaxants short-term (less than two weeks) for treatment of acute low back pain. The documentation indicates the injured worker was taking Robaxin as far back as July 3, 2014. This was the earliest progress note and does not reflect the actual start date. Additionally, the injured worker is taking a second muscle relaxant (Tizanidine) concurrently. Robaxin is taken during the day and tizanidine at night (bedtime). There is no clinical rationale the medical record explaining why two muscle relaxants are being given concurrently. The treating physician has exceeded the recommended guidelines. Consequently, absent clinical documentation to support the ongoing use of Robaxin in contravention of the recommended guidelines, given concurrently with a second-muscle relaxant with no clinical rationale, Methocarbamol/ Robaxin 750 mg one tablet Q ID #120 with one refill is not medically necessary