

Case Number:	CM14-0213741		
Date Assigned:	12/31/2014	Date of Injury:	10/28/2004
Decision Date:	03/03/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/22/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 a date of injury of October 28, 2004. A utilization review determination dated December 9, 2014 recommends non-certification of Oxycodone 5/325mg #120 with 6 refills, Methadone 10 mg #380 with six refills modified to #380 with zero refills for weaning purposes, and Andro gel 1% 25 mg-2.5 with six refills modified to one refill. A progress note dated December 3, 2014 identifies subjective complaints of recent injections along the right torso which caused more pain. The patient states he recently saw a physician who recommended that the patient taper off oxycodone because he feels that it might be causing more pain and the patient is planning on tapering off this month. The patient's wife who happens to also be his caretaker states that the patient is becoming very paranoid about medications. The patient wants to reduce the doses of all his medications, if not stop them altogether. The patient has been attempting to pilfer more pain medications when the patient's wife is not around. The physical examination reveals spasms and pain to palpation of the cervical paraspinal muscles and trapezius area, muscle spasm is present along the spine, reflexes are 1+ of bilateral biceps, trace reflex is present of the right tricep, left tricep reflex is 0, trace reflex present at bilateral knee, and bilateral ankle reflex is 0. The diagnoses include TBI with severe OBS with loss of memory and ability to learn new information, language, calculation skills, and executive function, severe dystonic scoliosis, failed neck and back surgeries, thoracic radiculopathy from hardware misplacement, depression with delusions and psychosis, dental and bone loss from chronic opiate and AED use, hypothyroidism, autonomic gut, bladder, bowel, and erectile dysfunction, and history of cog wheeling. The treatment plan recommends continuation of opiate

therapy which helps with his pain so that he can be with his family and do limited activities of daily living around the house, continue with medications for industrially related psychiatric disease, continue with CPAP, and continue with Belviq for weight loss. A lab test report dated April 25, 2012 revealed cortisol total serum is 26.1, ACTH is 65, follicle-stimulating hormone at less than 0.7, luteinizing hormone at less than 0.2, and prolactin level at 23.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5/325 mg #120 with 6 refills: Upheld

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

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 oxycodone 5/325mg #120 with 6 refills, California Pain Medical Treatment Guidelines state that oxycodone 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 pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Furthermore, there are contradictory statements within the documentation. The patient clearly states that he wants to wean off the oxycodone making the need for oxycodone with 6 refills unnecessary. In light of the above issues, the currently requested oxycodone 5/325mg #120 with 6 refills is not medically necessary.

Methadone 10 mg #380 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

Decision rationale: Regarding the request for methadone 10mg #380 with 6 refills, Chronic Pain Medical Treatment Guidelines state methadone is recommended as a second-line drug for moderate to severe pain if the potential benefit outweighs the risk. Within the documentation available for review, there is no documentation identifying that methadone is being prescribed as a second-line drug and the potential benefit outweighs the risk. Additionally, there is conflicting documentation in which there is a statement indicating that the patient wants to "reduce the doses of all his medications, if not stop them altogether"; but the requesting physician states that continuation of opioid medications is recommended due to the patients improved functionality

with opiate therapy. In the absence of clarity regarding the issues above, the currently requested methadone 10mg #380 with 6 refills is not medically necessary.

AndroGel 1% 25 mg-2.5 gel with 6 refills: Upheld

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

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 AndroGel 1% 25mg-2.5 gel with 6 refills, 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, the labs provided, and the patients symptoms along with documented high-dose long-term opioid use is consistent with secondary hypogonadism. However, there is no documentation that the patient's testosterone level has normalized as a result of the current dose of AndroGel or that the patient's symptoms of low testosterone have been ameliorated. A one-month prescription may be reasonable to allow the requesting physician time to document these things. However, unfortunately, there is no provision to modify the current request. As such, the currently requested AndroGel 1% 25mg-2.5 gel with 6 refills is not medically necessary.