

<b>Case Number:</b>	CM14-0033461		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/07/2003
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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:

The injured worker is a male, who sustained an industrial injury on August 7, 2003. The mechanism of injury is unknown. The diagnoses have included right S1 radiculopathy, primary low back pain, bilateral ilio-lumbar ligament enthesopathy, myofascial pain syndrome and bilateral piriformis syndrome. Treatment to date has included diagnostic studies and medications. The injured worker purchased a tilt table to use twice a day with benefit of decreased low back pain noted. Currently, the injured worker complains of increased back pain rated a 5 on the 1-10 pain scale with medications. On February 27, 2014, Utilization Review non-certified Oxycontin 20mg #60 and AndroGel 1.6% x 2 pump bottles. On March 17, 2014, the injured worker submitted an application for Independent Medical Review for review of Oxycontin 20mg #60 and AndroGel 1.6% x 2 pump bottles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 74-96.

**Decision rationale:** Oxycontin is a long acting preparation the opioid oxycodone. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic, failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain of function. It is recommended for short-term use if first-line options, such as acetaminophen or NSAIDS have failed. In this case there is documentation that the patient has achieved analgesia and signed an opioid contract. However, there is no documentation that is participating in urine drug testing. Criteria for long-term opioid use have not been met. The request should not be authorized.

**AndroGel 1.6% x 2 pump bottles:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 110.

**Decision rationale:** Androgel is a topical testosterone replacement medication. It is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low tes Androgel is a topical testosterone replacement medication. It 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. 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. In this case there is no documentation of low testosterone levels. Medical necessity has not been established. The request should not be authorized.