

Case Number:	CM14-0074770		
Date Assigned:	07/16/2014	Date of Injury:	02/22/2002
Decision Date:	05/27/2015	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/22/2014

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, 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:

The injured worker is a 63 year old male, who sustained an industrial injury on 2/22/02. The injured worker has complaints of erectile dysfunction; excessive tiredness; loss of muscle mass; falling asleep in the chair and has been on opiates chronically. He has some pain with extension and rotation at the cervical spine. The diagnoses have included cervical degenerative disc disease with radiculopathy and hypogonadism as proven by a low free testosterone. Treatment to date has included subutex; lyrica; nuvigil and ambien. The request was for lyrica 150mg #60; Cymbalta 60mg #30 and androgel pump with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica (pregabalin): Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Anti-Convulsants.

Decision rationale: Pursuant to the Official Disability Guidelines, Lyrica 150 mg #60 is not medically necessary. Lyrica is recommended in neuropathic pain conditions and fibromyalgia, but not for acute pain. Lyrica is an AED effective in diabetic neuropathy and postherpetic neuralgia. Lyrica is associated with a modest increase in the number of patients experiencing meaningful pain reduction. In this case, the injured worker's working diagnoses are cervical degenerative disc disease with radiculopathy; and hypogonadism as proven by a low free testosterone. Subjectively, according to an April 1, 2014 progress note, the injured worker has complaints of erectile dysfunction, excessive tiredness, loss of muscle mass, falling asleep in the chair and has been on opiates chronically. There were no neuropathic subjective symptoms documented in the record. Objectively, there are no neuropathic clinical findings documented in medical records. The injured worker's current medications include Lyrica, Subutex, Nuvigil and Ambien. There is no clinical indication or appropriate rationale for Lyrica documented in the medical record. A prior utilization review recommended weaning Lyrica in March 2014. There was no attempt at weaning noted. There was no documentation of objective functional improvement with ongoing Lyrica. Consequently, absent compelling clinical documentation with objective functional improvement and evidence of neuropathic symptoms and signs, Lyrica 150 mg #60 is not medically necessary.

Cymbalta 60mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta (duloxetine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cymbalta Page(s): 42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Cymbalta.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, Cymbalta 60 mg #30 is not medically necessary. Cymbalta is recommended as an option in first-line treatment of neuropathic pain. Is FDA approved for treatment of depression, generalized anxiety disorder, and treatment of diabetic neuropathy. The effect is found to be significant by the end of week one. In this case, the injured worker's working diagnoses are cervical degenerative disc disease with radiculopathy; and hypogonadism as proven by a low free testosterone. Subjectively, according to an April 1, 2014 progress note, the injured worker has complaints of erectile dysfunction, excessive tiredness, loss of muscle mass, falling asleep in the chair and has been on opiates chronically. There were no neuropathic subjective symptoms documented in the record. Objectively, there are no neuropathic clinical findings documented in medical records. The injured worker's current medications include Lyrica, Subutex, Nuvigil and Ambien. The documentation does not contain Cymbalta 60 mg as a current medication. Additionally, there is no subjective or objective evidence of neuropathy and no depression or anxiety. Consequently, absent clinical documentation with Cymbalta as a current medication with neuropathic symptoms and signs, Cymbalta 60 mg #30 is not medically necessary.

Androgel Pump with 2 refills: 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 (Chronic) Androgel Testosterone replacement for hypogonadism (related to opioids) (Nakazawa, 2006) (Page, 2005) (Rajagopal, 2004).

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

Decision rationale: Pursuant to the Official Disability Guidelines, Androgel pump, #2 refills is not medically necessary. Testosterone replacement for hypogonadism (related to opiates) is recommended in limited circumstances for patients taking high-dose long-term opiates with documented low testosterone levels. See the guidelines for additional details. In this case, the injured worker's working diagnoses are cervical degenerative disc disease with radiculopathy; and hypogonadism as proven by a low free testosterone. Subjectively, according to an April 1, 2014 progress note, the injured worker has complaints of erectile dysfunction, excessive tiredness, loss of muscle mass, falling asleep in the chair and has been on opiates chronically. There were no neuropathic subjective symptoms documented in the record. Objectively, there are no neuropathic clinical findings documented in medical records. The injured worker's current medications include Lyrica, Subutex, Nuvigil and Ambien. The treating provider checked a free testosterone level. The result was low at 3.25 for age. The treating provider started Androgel pump with two refills. This is a newly started medication and refills for replacement testosterone are not indicated until objective functional improvement is determined after the initial prescription. The injured worker appears to have met the criteria with a low testosterone level and ongoing opiate use. The #2 refills are not indicated. Consequently, absent compelling clinical documentation with objective functional improvement with two refills ordered by the treating provider, Androgel pump #2 refills is not medically necessary.