

<b>Case Number:</b>	CM15-0001960		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	07/22/1994
<b>Decision Date:</b>	06/01/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/05/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 64-year-old male who reported injury on 07/22/1994. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 12/03/2014. The documentation of 12/02/2014 revealed the injured worker had complaints of low back pain and was status post L3-4 and L4-5 laminectomy and discectomy. The injured worker had a spinal cord stimulator. The injured worker was noted to have erectile dysfunction secondary to pain. The injured worker current medications included zolpidem tartrate 10 mg, morphine sulfate 30 mg 1 tablet every 4 hours as needed, Duragesic 100 mcg per hour patch 72 hours, Duragesic 25 mcg patches every 72 hours, testosterone 200 mg/mL 1 mL IM per week, Viagra 100 mg 1 tablet as needed daily and fluticasone propionate. Diagnoses included lumbosacral spondylosis and postlaminectomy syndrome. The treatment plan included a refill of the injured worker's medications. The injured worker was noted to have no aberrant drug behaviors. The injured worker was noted to undergo urine drug screens. The injured worker's additional diagnoses included spasm of muscle. A request was made for a refill of testosterone. The documentation indicated the injured worker had confirmed laboratory values documenting the reduced testosterone with normalization with testosterone replacement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 Prescription of Morphine Sulfate 30mg, #180: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional benefit, an objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective functional improvement received from the medication, as well as an objective decrease in pain. The request, as submitted, failed to indicate the frequency for the requested medication. Given the above, the request for 1 prescription of morphine sulfate 30 mg #180 is not medically necessary.

### **1 Prescription of Testosterone 200mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend testosterone replacement in limited circumstances for injured workers taking high dose long term opioids with documented low testosterone levels. The clinical documentation submitted for review indicated the injured worker had low testosterone levels that were appropriate once the injured worker was utilizing testosterone. This medication would be appropriate. However, the request, as submitted, failed to indicate the frequency for the requested medication. Additionally, it was indicated the injured worker should have 1 prescription; however, the quantity of "1 prescription" was not provided in the request. Given the above, the request for 1 prescription of testosterone 200 mg is not medically necessary.