

Case Number:	CM15-0117265		
Date Assigned:	06/26/2015	Date of Injury:	05/31/2000
Decision Date:	09/10/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/17/2015

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

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 44 year old male, who sustained an industrial injury on 5/31/2000. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include disc displacement, spondylolisthesis, ilio-spinous ligament strain and lumbosacral sprain. The current medications listed included NSAIDs, Fentanyl transdermal patch, Lortab, Methadone, Baclofen, Tizanidine, and Cymbalta. Currently, he complained of ongoing neck and back pain. Pain was also reported in bilateral hips. Medications were documented to decrease pain and improve function. Pain was rated 5/0 VAS with medication. On 5/11/15, the physical examination documented tenderness with palpation to the neck, upper extremities and lumbar spine region. There was decreased range of motion noted. The plan of care included Duragesic 50mcg/hour transdermal patch, one topically every three days for thirty days #10; Mobic 15mg tablet, one per day #30; Oxycodone 30mg tablet one tablet every four to six hours for thirty days #180; OxyContin 80mg tablets, one tablet every eight hours #90; Testosterone Cypionate 200mg/ml intramuscular oil one a week for seventy days, 10 ml vial; and Toradol 60mg/2 ml intramuscular injections x 1 for a total of 60mg, administered on 5/11/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic Transdermal Patch 50 mcg/hr, 1 every 3 days for 30 days, Qty 10, for the low back and hip/pelvic pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 78 of 127.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of persistent functional improvement which should eventually lead to medication discontinuation. The records also do not reveal screening measures as discussed above for continued use of a medication in the opioid class. As such, the request is not medically necessary.

Oxycodone 30 mg tablets, 1 tablet every 4-5 hours, as needed, for 30 days, Qty 180, for the low back and hip/pelvic pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R Page(s): 78 of 127.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of persistent functional improvement which should eventually lead to medication discontinuation. The records also do not reveal screening measures as discussed above for continued use of a medication in the opioid class. As such, the request is not medically necessary.

Oxycontin 80 mg, 1 tablet every 8 hours, Qty 90, for the low back and hip/pelvic pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 Page(s): 78 of 127.

Decision rationale: The request is for the use of a medication in the opioid class. The MTUS guidelines state that for ongoing treatment with a pharmaceutical in this class, certain requirements are necessary. This includes not only adequate pain control, but also functional improvement. Four domains have been proposed for management of patients on opioids. This includes pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. In this case, there is inadequate documentation of persistent functional improvement which should eventually lead to medication discontinuation. The records also do not reveal screening measures as discussed above for continued use of a medication in the opioid class. As such, the request is not medically necessary.

Testosterone Cypionate 200 mg/ml, intramuscular oil, 1 ml per week for 70 days, for a total of 10 ml vial, for the low back and hip/pelvic pain: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 Page(s): 110 of 127.

Decision rationale: The request is for the use of testosterone. The MTUS guidelines state the following regarding this topic: 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, such as gynecomastia. In this case, there is inadequate documentation of a testosterone deficiency or hypogonadism which is required for supplementation. An endocrine evaluation and testosterone levels are needed. As such, the request is not medically necessary.

Toradol 60 mg/2ml, 2 ml intramuscular (IM) injection once per day, for the low back and hip/pelvic pain: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs, specific drug list & adverse effects.

Decision rationale: The request is for the use of ketorolac intramuscular injection for pain relief. The MTUS guidelines are silent regarding this issue. The ODG guidelines state the

following: Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: The oral form is only recommended for short-term (up to 5 days) in management of moderately severe acute pain that requires analgesia at the opioid level and only as continuation following IV or IM dosing, if necessary. This medication is not indicated for minor or chronic painful conditions. Increasing doses beyond a daily maximum dose of 40 mg will not provide better efficacy, and will increase the risk of serious side effects. The FDA boxed warning would relegate this drug to second-line use unless there were no safer alternatives. Dosing: Acute pain (transition from IV or IM) for adults < 65 years of age: 20mg PO followed by 10mg PO every 4 to 6 hours (max 40 mg/day). An oral formulation should not be given as an initial dose. (Toradol Package Insert) The FDA has approved a nasal formulation of ketorolac (Sprix) for short-term pain management. (FDA, 2010) As indicated above, this patient does not qualify for the use of ketorolac. This is secondary to the duration of use with the guidelines stating that it is not to be given for chronic painful conditions. As such, the request is not medically necessary.