

Case Number:	CM15-0125319		
Date Assigned:	07/09/2015	Date of Injury:	07/27/2003
Decision Date:	08/18/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/29/2015

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: 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 49 year old male who sustained an industrial injury on July 27, 2003. He has reported thoracolumbar spine pain and has been diagnosed with opioid dependence unspecified, degeneration of thoracic or thoracolumbar intervertebral disc, degeneration of the cervical intervertebral disc, degeneration of the lumbar or lumbosacral intervertebral disc, post laminectomy syndrome thoracic region, and post laminectomy syndrome, lumbar region. Treatment has included surgery, medications, a home exercise program, and acupuncture. The injured worker presented with persistent left sided thoracic back pain secondary to industrial related injury and with thoracic lumbar fusion. He has been motivated and maintained his level of function with current medication and exercise. In regards to Androgel use, he reports that he uses this medication for androgen deficiency secondary to chronic opioid and reports that he feels and functions better with this medication. The treatment request included Benrenorphine and Androgel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Buprenorphine HCL 2mg #270 plus 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Criteria For Use Of Opioids Page(s): 60, 61, 88, 89, 76-78.

Decision rationale: The patient presents with persistent left-sided thoracic back pain. The request is for Buprenorphine HCL 2mg #270 plus 2 refills. The request for authorization is dated 05/29/15. He continues to manage his pain with a home exercise program. Overall, his mood and sleep have been stable. He has been motivated and maintained his level of function with current medication and exercise. In regards to Androgel use, he reports that he uses this medication for androgen deficiency secondary to chronic opioid and reports that he feels and functions better with this medication. Per progress report dated 12/04/14, the patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 06/16/15, treater's reason for the request is "These medications continue to help manage his pain and allows him to function and progress through their therapies." The patient has been prescribed Buprenorphine since at least 03/03/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Buprenorphine significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed either, specifically showing significant pain reduction with use of Buprenorphine. No validated instrument is used to show functional improvement. Furthermore, there is neither documentation nor discussion regarding adverse effects and aberrant drug behavior. A UDS dated 03/03/15 was provided, but no CURES nor opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

AndroGel 1.62% transdermal gel packet #30 plus 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

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 on testosterone replacement treatments for hypogonadism.

Decision rationale: The patient presents with persistent left-sided thoracic back pain. The request is for Androgel 1.62% transdermal gel packet #30 plus 2 refills. The request for authorization is dated 05/29/15. He continues to manage his pain with a home exercise program. Overall, his mood and sleep have been stable. He has been motivated and maintained his level of function with current medication and exercise. In regards to Androgel use, he reports that he uses this medication for androgen deficiency secondary to chronic opioid and reports that he feels and functions better with this medication. Per progress report dated 12/04/14, the patient is

permanent and stationary. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines under the Pain chapter on testosterone replacement treatments for hypogonadism states that 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. Per progress report dated 06/16/15, treater's reason for the request is "These medications continue to help manage his pain and allows him to function and progress through their therapies." The patient has been prescribed Androgel since at least 03/03/15. In this case, while the treating physician has concerns for Hypogonadism and the patient is diagnosed with opioid dependence, there is no documentation of low levels of testosterone. ODG recommends testosterone replacement for patients taking high-dose long-term opioids with documented low testosterone levels. Therefore, the request IS NOT medically necessary.