

Case Number:	CM15-0126336		
Date Assigned:	07/10/2015	Date of Injury:	04/17/1999
Decision Date:	08/11/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 69-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression and anxiety reportedly associated with an industrial injury of April 17, 1999. In a Utilization Review report dated June 2, 2015, the claims administrator failed to approve a request for carisoprodol, Ambien, and Fortesta (testosterone). The claims administrator referenced an April 15, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In an appeal letter dated June 5, 2015, the attending provider appealed previously denied Fortesta, Soma, and Ambien. The claimant had undergone earlier failed lumbar fusion surgery, it was reported. The attending provider suggested that the applicant was self-procuring certain medications, including Soma. A gym membership was also proposed. The attending provider noted that the applicant had undergone multiple failed facet injections, epidural steroid injections, and spine surgery. The attending provider stated that the applicant had had low testosterone levels on June 28, 2011 which demonstrated a serum testosterone level of 39. The attending provider imputed the low testosterone levels to ongoing opioid therapy. The attending provider did not, however, state which opioids the claimant was using. The attending provider posited that the applicant had developed an initial decrease in libido owing to low testosterone levels but introduction of Fortesta had improved the applicant's mood, motivation, energy levels, and sexual performance. The applicant's work status was not explicitly stated. On April 15, 2015, the applicant reported ongoing complaints of low back pain radiating to the legs. The applicant was trying to walk on a daily basis and exercise daily as well, it was suggested. The applicant did have superimposed issues with diabetes, it was reported and

had also undergone knee replacement surgery as well as multiple shoulder surgeries and multiple hand surgeries, it was reported. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. Soma, Ambien, Fortesta, Protonix, OxyContin, topiramate, Cymbalta, and Norco were likewise renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Carisoprodol (Soma) 350mg, QTY: 50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Carisoprodol (Soma) Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma, Soprodal 350TM, Vanadom, generic available); Carisoprodol (Soma) Page(s): 65; 29.

Decision rationale: No, the request for carisoprodol (Soma) was not medically necessary, medically appropriate, or indicated here. As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when employed in conjunction with opioid agents. Here, the applicant was, in fact, concurrently using a variety of opioid agents, including OxyContin and Norco. Continued usage of carisoprodol (Soma), in effect, represented treatment in excess of the two-to three-week limit suggested for carisoprodol usage, per page 65 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Ambien CR 6.25mg QTY: 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem (Ambien).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Zolpidem (Ambien).

Decision rationale: Similarly, the request for Ambien, a sleep aid, was not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for

up to 35 days. Here, thus, the 120-tablet supply of Ambien at issue, in and of itself, suggests chronic, long-term, and daily usage, i.e., usage which runs counter to and is in excess of the FDA label. ODG's Chronic Pain Chapter Zolpidem topic also notes that Ambien is recommended only in the short-term treatment of insomnia. The attending provider failed to furnish a clear compelling applicant-specific rationale and/or medical evidence to support continued usage of Ambien in the face of the unfavorable FDA and ODG positions on the same. Therefore, the request was not medically necessary.

Fortesta 10mg Gel Pump 10mg/0.5mg per Actuation, QTY: 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus; A service of the U.S. National Library of Medicine From the National Institutes of Health.

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

Decision rationale: Finally, the request for Fortesta (AndroGel) was medically necessary, medically appropriate, and indicated here. As noted on page 110 of the MTUS Chronic Pain Medical Treatment Guidelines, testosterone replacement via agents such as Fortesta (AndroGel) is recommended in limited circumstances in applicants taking high-dose long-term opioids with documented low testosterone levels. Here, the applicant did have documented low testosterone levels, the treating provider reported in his appeal letter dated June 5, 2015. The treating provider suggested that the applicant had developed symptoms such as diminished libido, low energy levels, poor motivation, poor mood, etc., all of which had been ameliorated as a result of ongoing Fortesta (AndroGel) usage. The applicant did have a documented low serum testosterone level, the treating provider reported in his June 5, 2015 appeal letter. Continued usage of Fortesta (AndroGel), a testosterone supplement, thus, was indicated, given the applicant's reportedly favorable response to the same. Therefore, the request was medically necessary.