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| <b>Case Number:</b>   | CM15-0061361 |                              |            |
| <b>Date Assigned:</b> | 04/07/2015   | <b>Date of Injury:</b>       | 07/27/2003 |
| <b>Decision Date:</b> | 05/11/2015   | <b>UR Denial Date:</b>       | 03/31/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/01/2015 |

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 male, who sustained an industrial injury on 7/27/03. The injured worker was diagnosed as having cervical disc degeneration, lumbar/lumbosacral disc degeneration, post laminectomy syndrome, opioids dependence, anxiety and depressive disorder. Treatment to date has included oral medications including opioids and anti-inflammatories, transdermal medications, physical therapy, injections and home exercise program. Currently, the injured worker complains of persistent cervical pain with radiation to both arms. Physical exam dated 8/16/13 revealed tenderness on palpation of thoracic paravertebral muscles.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Buprenorphine Hydrochloride 2mg quantity 270 with two refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
 Buprenorphine Page(s): 26.

**Decision rationale:** According to MTUS guidelines, Buprenorphine Hydrochloride is recommended to treat opiate addiction. There is no evidence for the need of more opioids use that may expose the patient to the risk of addiction. Therefore, the prescription of Buprenorphine Hydrochloride 2mg quantity 270 with two refills is not medically necessary.

**AndroGel 1.62% (20.25mg/1.25gram) transdermal gel packets, quantity 30 with two 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 IEvidence: AndroGel 1%. (<http://www.rxlist.com/androgel-drug/indications-dosage.htm>).

**Decision rationale:** AndroGel is an androgen indicated for replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone. There is no documentation that the patient developed hypogonadism. Therefore, the prescription for AndroGel 1.62% is not medically necessary.