

<b>Case Number:</b>	CM15-0090383		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	08/07/2000
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	04/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: Connecticut, California, Virginia  
 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 injured worker is a 72 year old male, who sustained an industrial injury on 08/07/2000. The mechanism of injury was not made known. Treatment to date has included medications, pain pump (11 years) and epidural steroid injections. According to a progress report dated 10/29/2014, the injured worker complained of continued increasing low back pain and left leg pain. Medication regimen included Norco for breakthrough pain, Lorazepam for sleep and for muscle relaxation and quinine for muscle cramps. He had hypotestosterone due to chronic opioid use and had been on supplements for years. Tamsulosin was used for urinary retention. His pain levels were high and his activities had been decreased and at time he was essentially on bedrest. Diagnoses included pump, lumbar degenerative disc disease with facet pain and left S1 radiculopathy. Treatment plan included refill pump and medications. On 01/15/2015, the morphine pump was removed due to infection. On 02/17/2015, VAS scores (pain level) was noted to be 5. Complaints of pain or other symptoms were not addressed. He was taking Hydromorphone and 10mg of Hydrocodone approximately eight pills a day to control his pain and withdrawal symptoms. The provider noted that he may need a little bit more medicine. He was still experiencing withdrawal symptoms. He also was taking Lorazepam. He had not been using his Testim. The provider urged him to stop Testim. He was off of antibiotics and his wound VAC was in. Physical examination demonstrated a well healing wound and a normal gait. He was alert and oriented x 3. Diagnoses included multilevel degenerative disc disease with recent pump explant and withdrawal symptoms. Treatment plan included Hydromorphone up to 240 pills and refills of other medicines at previous dosages and amounts. According to a

follow-up note dated 03/16/2015, complaints of pain or other symptoms were not addressed. VAS score (pain level) was noted as a 6 on a scale of 1-10. Current medications included Hydromorphone 4mg up to 8 pills per day, Lorazepam 0.5mg up to two per day, Testim Gel and Hydrocodone (dosage unspecified) up to four pills a day. Physical examination demonstrated a slow walk with a slightly forward lean and a wound VAC in place. Diagnosis was post intrathecal pump pocket infection, improving. Treatment plan included medication refill. Currently under review is the request for Lorazepam, Testim and Hydrocodone.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Lorazepam 0.5 mg Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The MTUS does not recommend long-term use of benzodiazepines because long-term efficacy is unproven and there is a risk of dependency and rapid onset of medication tolerance, making the recommendation for Lorazepam 0.5 mg #60 unreasonable according to utilization review, and the request was appropriately modified for weaning purposes. Encouragement of gradual decrease in use is critical in order to wean from dependency on this drug, Therefore the request for Lorazepam is not considered medically necessary at this time, and modification per utilization review decision is considered reasonable in order to facilitate weaning.

#### **Testim 50 mg Qty 150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Testosterone replacement for hypogonadism Page(s): 74-95, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110-111.

**Decision rationale:** Testosterone replacement therapy is recommended by the MTUS in limited circumstances for patients taking high-dose, long-term opioids with documented low testosterone levels. Routine testing of testosterone 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. If needed, testosterone replacement should be done by a physician with special knowledge in this field given the potential side effects. In this case, there is no provided documentation of objective low testosterone, and no indication of thorough consideration by endocrinology with respect to treatment. Therefore, given the uncertainty in the

request based on the provided records and guidelines, the request is not medically necessary at this time.

**Hydrocodone 10/325 mg Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-89, 91, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of multiple medical problems in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Given the lack of details regarding plans for weaning, etc. in light of the chronic nature of this case, the decision by utilization review to modify the request for weaning purposes is reasonable, and the request for hydrocodone is not considered medically necessary.