

Case Number:	CM15-0095547		
Date Assigned:	05/22/2015	Date of Injury:	05/08/2001
Decision Date:	06/29/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/18/2015

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, California
 Certification(s)/Specialty: Family Practice

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 68-year-old male, with a reported date of injury of 05/08/2001. The diagnoses include cervical disc degeneration, lumbar disc displacement, and headache. Treatments to date have included oral medications. The medical report dated 04/20/2015 indicates that the injured worker complained of neck pain, headaches, low back pain, left lower extremity radicular pain, left upper extremity radicular pain, depression, and insomnia secondary to pain. His pain was rated 5 out of 10 with medications and 10 out of 10 without medications. The physical examination showed an antalgic gait, pain and difficulty with transfers from sitting to standing, decreased cervical spine range of motion in all planes, left trapezius tenderness, decreased lumbar range of motion for flexion and extension. The treating physician requested Androgel with 1 refill and Hydrocodone-acetaminophen 10/325mg #120. The medication list include Androgen gel, Cymbalta, Norco, Morphine, Oxycodone, Oxycontin and Trazodone. Patient has received an unspecified number of PT and psychotherapy visits for this injury. The patient has used a TENS unit, The patient had received nerve block injection. The patient has had spinal cord stimulator. Any evidence of androgen deficiency are not specified in the records provided. Any lab reports demonstrating low testosterone levels are not specified in the records provided. A recent urine drug screen report was not specified in the records provided .

IMR ISSUES, DECISIONS AND RATIONALES

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

Androgel 20.25mg/1.25gram #88 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110. Decision based on Non-MTUS Citation Thompson Micromedex Androgen-FDA labeled indication. Delayed puberty in male and Hypogonadism J Clin Endocrinol Metab. 2010 Jun; 95(6):2536- 59. Testosterone therapy in men with androgen deficiency syndromes: an Endocrine Society clinical practice guideline.

Decision rationale: Request: Androgel 20.25mg/1.25gram #88 with 2 refills. Per the cited guidelines, testosterone replacement is, "Recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels." Per the cited guidelines FDA, labeled indications of Androgel (testosterone) include "Delayed puberty in male and Hypogonadism." Per the cited reference, "Testosterone should be administered only to a man who is hypogonadal, as evidenced by clinical symptoms and signs consistent with androgen deficiency." Evidence of androgen deficiency is not specified in the records provided. Any lab reports demonstrating low testosterone levels are not specified in the records provided. There is no documentation provided that other causes of patient's symptoms like diabetes, have been ruled out. The medical necessity of the request for Androgel 20.25mg/1.25gram #88 with 2 refills is not medically necessary for this patient.

Hydrocodone-Acetaminophen 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80 CRITERIA FOR USE OF OPIOIDS. Therapeutic Trial of Opioids.

Decision rationale: Hydrocodone-Acetaminophen 10/325mg #120Norco contains Hydrocodone with APAP, which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a

documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. The level of pain control with lower potency opioids like tramadol and other non opioid medications, without the use of Hydrocodone-Acetaminophen, was not specified in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Hydrocodone-Acetaminophen 10/325mg #120 is not necessary for this patient.