

Case Number:	CM13-0017626		
Date Assigned:	10/11/2013	Date of Injury:	07/21/2003
Decision Date:	02/03/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Cardiology and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant is a 60-year-old male with a reported date of injury of 07/21/2003. The mechanism of injury is described as having pain in his neck and subsequently was moving furniture in his office without assistance with further pain being brought about to his neck. On 11/07/2012, laboratory analysis revealed his sex hormone binding globulin to be 50, which was abnormal. He was seen again on 02/28/2013, at which time he continued to report pain to his back and neck. He was seen on 09/18/2013 for continued pain and reported shortness of breath, as well as continued numbness and cramping sensations in his legs. Objectively, he was walking with a rolling walker, and motor strength was 5/5 in both lower extremities. Diagnoses included lumbosacral disc injury with fusion at L2-3 and L3-4, history of lumbosacral revision surgery, lumbosacral disc injury, right L5 lumbosacral radiculopathy, and a history of seroma formation and an infection of the spine. Plan going forward was to prescribe AndroGel 25 mg packets.

IMR ISSUES, DECISIONS AND RATIONALES

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

AndroGel 25mg/2.5g packet #60 with three (3) refills: 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, Testosterone replacement for hypogonadism (related to opioids)

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

Decision rationale: MTUS Chronic Pain Guidelines State; "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. Routine testing of testosterone levels 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 such as hepatomas. There are multiple delivery mechanisms for testosterone. Hypogonadism secondary to opiates appears to be central, although the exact mechanism has not been determined. The evidence on testosterone levels in long-term opioid users is not randomized or double-blinded, but there are studies that show that there is an increased incidence of hypogonadism in people taking opioids, either intrathecal or oral." The records indicate this patient is a 60-year-old male with reports of pain. A laboratory analysis dated 11/07/2012 revealed his sex hormone binding globulin was 50, with a reference range of 14 to 73. When he was seen on 09/18/2013, medications included Norco 10/325 mg up to 4 times a day, Prilosec, and Senokot S. He had not found much benefit from Butrans. The records at that time do not indicate that he had abnormal testosterone and the records were silent after 09/18/2013. At this time, the records do not indicate that he is currently on opiates or currently has abnormal testosterone levels for which this medication might be appropriate. Therefore, at this time, the Androgel 25mg/2.5g packet #60 with three (3) refills is not considered medically necessary and is non-certified.