

Case Number:	CM13-0057240		
Date Assigned:	12/30/2013	Date of Injury:	07/21/2007
Decision Date:	06/03/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/25/2013

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in California. 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/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:

The patient is a [REDACTED] employee who has filed a claim for erectile dysfunction and hypogonadism associated with an industrial injury date of July 21, 2007. Thus far, the patient has been treated with Viagra, Cialis, Levitra, Androgel, Testim gel, IM testosterone, intracavernosal injection, and weight loss. There is note that testosterone gel use with Levitra increased patient's energy, improved libido, and increased testosterone levels. Utilization review dated October 30, 2013 denied the request for subcutaneous hormone pellet implantation as patient already has a satisfactory result with topical testosterone preparation Androgel. Review of progress notes shows improvement in testosterone levels and low LH and FSH. Of note, patient also has diabetes mellitus with diabetic neuropathy, hypertension, obesity, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

SUBCUTANEOUS HORMONE PELLETT IMPLANTATION: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Testosterone Replacement for Hypogonadism (Related to Opioids).

Decision rationale: CA Medical Treatment Utilization Section (MTUS) does not specifically address this issue. ODG states that testosterone replacement for hypogonadism is recommended for patients taking high-dose long-term opioids with documented low testosterone levels. In this case, documentation reports effectiveness in increasing testosterone levels, increasing libido, and increasing energy levels with the combination use of oral Levitra and testosterone gel. There is no specified indication as to why a subcutaneous delivery system for testosterone is necessary in this patient. The request for a subcutaneous hormone pellet implantation is not medically necessary or appropriate.