

Case Number:	CM14-0004090		
Date Assigned:	01/31/2014	Date of Injury:	07/09/2007
Decision Date:	06/23/2014	UR Denial Date:	01/03/2014
Priority:	Standard	Application Received:	01/09/2014

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 Orthopedic Surgery 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 has filed a claim for lumbar disc displacement associated with an industrial injury date of July 09, 2007. Review of progress notes reports neck, low back, and knee pain. Patient is gradually losing weight. Patient also experiences symptoms of depression and anxiety, including panic attacks. Laboratory results from April 16, 2013 showed a low total testosterone level of 49. Treatment to date has included opioids, sedatives, AndroGel, phentermine, anti-depressants, and psychotherapy. Patient has had cervical spinal surgery in October 2009, left wrist surgery, and gastric bypass.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR ANDROGEL WITH 4 REFILLS.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, Chapter: Testoster.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 110-111.

Decision rationale: Pages 110-111 of CA MTUS Chronic Pain Medical Treatment Guidelines state that testosterone replacement for hypogonadism (related to opioids) is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low

testosterone levels. Patient has been on this medication since June 2013. Patient has been on chronic opioid therapy. A testosterone level as measured in April 2013 was severely low at 49. Previous utilization review determination, dated January 02, 2014, has already certified AndroGel 30-day supply with 1 refill. Therefore, the request for AndroGel with 4 refills is not medically necessary and appropriate.

PROSPECTIVE REQUEST FOR 1 TESTOSTERONE AND PSA LEVEL: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 110.

Decision rationale: Page 110 of CA MTUS Chronic Pain Medical Treatment Guidelines states that testosterone replacement for hypogonadism (related to opioids) is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Routine testing of testosterone levels 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 who exhibit symptoms or signs of hypogonadism. In this case, the patient has been on AndroGel since June 2013. A laboratory study is reasonable at this time to assess the changes with use of this medication, and to guide further therapy. Therefore, the request for 1 testosterone and PSA level is medically necessary and appropriate.