

Case Number:	CM14-0007218		
Date Assigned:	02/07/2014	Date of Injury:	06/26/2003
Decision Date:	06/27/2014	UR Denial Date:	01/11/2014
Priority:	Standard	Application Received:	01/20/2014

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 Physical Medicine and Rehabilitation 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 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 injured worker is a 48 year old male injured on 06/26/03 due to undisclosed mechanism of injury. Current diagnoses included status post anterior cervical discectomy and fusion at C5-6 and C6-7 on 03/15/07, bilateral upper extremities radiculopathy, cervical facet arthropathy, lumbar spine sprain/strain syndrome, right lower extremity radiculopathy, reactionary depression/anxiety, medication induced gastritis, status post PLIF at L3-4 and L4-5 on 09/17/11, hypogonadism, and erectile dysfunction secondary to chronic opiate use, and lumbar Saint Jude spinal cord stimulator implant on 04/22/13. Clinical note dated 12/19/13 indicated the injured worker presented with continued complaints of low back pain radiating to bilateral lower extremities. The injured worker rated his pain at 6/10 which was manageable with current oral analgesic medications including Norco eight tablets per day, Neurontin, Soma, and Anaprox. Laboratory values including total testosterone levels on 02/20/11 equaled 295 and on 07/01/13 equaled 283. Physical examination revealed cervical spine tenderness to palpation with obvious rigidity bilaterally with significant decreased range of motion. Lumbar spine examination revealed significant tenderness to palpation along the posterior lumbar musculature bilaterally with increased muscle rigidity along the lumbar paraspinal muscles. Significant decreased range of motion, positive straight leg raise bilaterally, decreased strength in the quadriceps on the right, and decreased sensation along posterolateral thigh and calf bilaterally in approximately L5 distribution noted. Current medications included Norco 10-325mg eight tabs daily, Neurontin 600mg three to four daily Prilosec 20mg twice daily, soma 350mg three times daily, medicinal marijuana, Xanax one mg three times daily, Wellbutrin 100mg twice daily, Dendracin topical analgesic, androderm 5mg daily, and Cialis 10mg one tablet daily or as needed. The initial request for androgen 1% was initially non-certified on 01/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANDROGEN 1%: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Testosterone Replacement For Hypogonadism (Related To.

Decision rationale: As noted on page 110 of the Chronic Pain Medical Treatment Guidelines, several factors can be attributed to sexual dysfunction to include the role of chronic pain itself on sexual function; the natural occurrence of decreased testosterone that occurs with aging; the documented side effect of decreased sexual function that is common with other medications used to treat pain (SSRIs, tricyclic antidepressants, and certain anti-epilepsy drugs); and the role of comorbid conditions such as diabetes, hypertension, and vascular disease in erectile dysfunction. Clinical documentation indicated the injured worker had established diagnoses of hypogonadism and erectile dysfunction secondary to chronic opiate use. Laboratory values reported in the documentation including total testosterone levels on 02/20/11 equaled 295 and on 07/01/13 equaled 283. Androgel is utilized in replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone. The clinical documentation establishes the presence of low testosterone levels in the presence of an established diagnosis of hypogonadism and erectile dysfunction. As such, the request for Androgel 1% is recommended as medically necessary.