

Case Number:	CM14-0016250		
Date Assigned:	04/11/2014	Date of Injury:	04/03/2006
Decision Date:	05/29/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/10/2014

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 Emergency Medicine, and is licensed to practice in New York. 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 50-year-old male who was injured on April 3, 2006. The patient continues to experience back pain. He also has complaints of nausea, vomiting, constipation, diarrhea, ringing in the ears, myalgia, skin itching, hot and cold intolerance, excessive thirst, and heartburn. Diagnoses included orthopedic diatheses, psychiatric complaints, sleep disturbance, headaches, and metabolic syndrome. Treatment included medications and surgical intervention. He was treated with Androgel for hypogonadism secondary to opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANDROGEL PUMP 1.62 PERCENT ONE MONTH SUPPLY, DAILY (TRANSDERMALLY): Upheld

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

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

Decision rationale: Androgel is used in testosterone replacement therapy, which is 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 should be considered in men who are taking long term, high dose oral opioids. In this case the documentation does not support the use of high-dose long-term steroids. There is also no laboratory study with recent testosterone levels. As such, the request is not medically necessary.