

<b>Case Number:</b>	CM14-0126392		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	04/01/2007
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 & Rehabilitation and Pain 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 injured worker is a 64-year-old male with a reported date of injury on 04/01/2007. Diagnostic studies were not provided within the documentation available for review. The injured worker's diagnoses included fibromyalgia, sleep disorder, spinal enthesopathy, and hypertension. The injured worker's medication regimen included Percocet, Lunesta, tramadol, aspirin, AndroGel, Lipitor, amlodipine, multivitamin, Cialis, tamsulosin, diazepam, Flexeril, Theramine, Sentra PM, Sentra AM, and Endocet. Previous conservative care includes chiropractic care, aquatic therapy, and home exercise program. The clinical note dated 07/01/2013 indicates the patient rated his pain at 08/10. The rationale for the request and the treatment plan was not provided within the documentation. The Request for Authorization for AndroGel 50 mg/5 mg for a 30 day supply (quantity unknown) was submitted on 08/07/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AndroGel 50mg/5mg for a 30 day supply (quantity unknown): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: RxList.com

**Decision rationale:** According to RxList.com, AndroGel is an androgen indicated for replacement therapy in adult males for conditions associated with a deficiency or absence of indigenous testosterone. To ensure proper dosing, serum testosterone concentrations should be measured at intervals. If the serum testosterone concentration is below the normal range, the daily AndroGel 1% dose may be increased from 50 mg to 75 mg and from 75 mg to 100 mg for adult males as instructed by the physician. If the serum testosterone concentration exceeds the normal range, the daily AndroGel 1% dose may be decreased. Clinical information provided for clinical review for review indicates the injured worker has utilized AndroGel prior to 2013. There is a lack of documentation related to the therapeutic and functional benefit in the ongoing use of AndroGel. In addition, the clinical information lacks documentation related to serum testosterone concentrations being measured. In addition, the request as submitted failed to provide for a frequency directed for use in a specific site at which the AndroGel was to be utilized. Therefore, the request for AndroGel 50 mg/5 mg for a 30 day supply (quantity unknown) is non-certified.