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| Case Number: | CM14-0145827 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 03/28/2007 |
| Decision Date: | 12/03/2014 | UR Denial Date: | 08/14/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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 Occupational and Environmental Medicine, has a subspecialty in Public Health and is licensed to practice in West Virginia and Ohio. 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:

This individual is a 50 year old male with a 3-28-07 date of industrial injury. The mechanism of injury is not discussed. The only medical history included with the records was the previous utilization review. He has several ongoing diagnoses, including; prostate cancer, erectile dysfunction due to surgery, urinary incontinence, low libido with hypogonadism, penile shrinkage post-surgery, high blood pressure and high cholesterol levels, cervical and lumbar radiculopathy. He had a radical retropubic prostatectomy in 2007. He had 6 Testropel pellets implanted on 4/28/14. Following the implantation, the individual had episodes of hot flashes and flu like symptoms. Per the available record, his physician noted that these were most likely due to his decreasing testosterone levels. He currently injects 35 units of Quad-Mix once a week, prescribed for every other day dosing, and uses the Vacuum Erectile Device daily. He states that his erectile dysfunction has improved and he has seen a slight increase in his libido. Serum testosterone results for 6/12/14 show a total testosterone of 757ng/dl, free testosterone of 131.4ng/dl, and a bio available testosterone of 287.3 ng/dl. He did receive a testosterone injection intramuscularly on 6/12/14, additionally. This request is for intramuscular Testosterone injections, 200 mg every 2 weeks for a 12 month period.

IMR ISSUES, DECISIONS AND RATIONALES

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

Intramuscular testosterone injections 200mg every 2 weeks for 12 month period: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Male Hypogonadism: Symptoms and Treatment. J Adv Pharm Technol Res. 2010 Jul-Sep; 1 (3): 297-301

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The endocrine society's clinical guidelines: Testosterone therapy in adult men with androgen deficiency syndrome: An endocrine society clinical practice guideline, Journal of clinical endocrinology & metabolism, June 2010 Vol.95 (6):2536-2559

Decision rationale: It should be noted that no physicians note was included in the record for review, all medical history came from the past utilization review. While it continues to be a topic of much contention and debate within the endocrine and oncologic communities, the endocrine society guidelines for testosterone therapy clearly state that they "recommend against testosterone therapy in patients with breast or prostate cancer" or "prostate specific antigen of 4ng/ml or PSA 3ng/ml in men at high risk of prostate cancer." Given the recommendation of the endocrine society this request is deemed contraindicated and not medically necessary.