

Case Number:	CM14-0164221		
Date Assigned:	10/27/2014	Date of Injury:	03/14/2003
Decision Date:	12/03/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/06/2014

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 Family Practice 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:

50 yr. old male claimant sustained a work injury on 3/14/03 involving the low back and knee. He was diagnosed with lumbar disc disease and underwent a lumbar fusion. He subsequently developed post-laminectomy syndrome. In addition, he has been diagnosed with erectile dysfunction/hypogonadism since 2012, chronic pain syndrome, TMJ, and depressive disorder. A progress note on 7/28/14 indicated the claimant had continued depression, erectile dysfunction and pain. No urological exam was done and no sexual behavior history was obtained. He was on Suboxone for pain. In September 2014, a request was made for the use of Testopel pellets.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testopel 75mg per pellets, quantity 10-12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, testosterone levels can reduce with long-term opioid use, aging; medications used to treat pain (SSRIs, tricyclic antidepressants, and certain anti-epilepsy drugs) & comorbid conditions such as diabetes, hypertension, and vascular

disease. Although, the claimant had been at risk of low testosterone, which can lead to erectile dysfunction, the testosterone levels were not provided. In addition, other causes and interventions to determine the specific etiology and treatment options were not investigated. The use of Testopel is therefore not medically necessary.