

Case Number:	CM14-0176573		
Date Assigned:	10/29/2014	Date of Injury:	01/14/2009
Decision Date:	12/05/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/24/2014

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 Anesthesia, has a subspecialty in Acupuncture & 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:

47 y/o male injured worker with date of injury 1/14/09 with related low back pain. Per progress report dated 9/25/14, the injured worker complained of continued low back pain. It was noted that he had testicular atrophy secondary to chronic opioid therapy and he was receiving testosterone replacement. Physical exam findings were not documented. The documentation submitted for review did not indicate whether physical therapy was utilized. Treatment to date has included medication management. The date of UR decision was 10/8/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Androgel 1% 50mg #90 5gm packets, 5gm daily (3 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use of Opioids, Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism (related to opioids) Page(s): 110.

Decision rationale: With regard to testosterone replacement, the MTUS CPMTG states: "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." The documentation submitted for review

reveals no documented subjective complaints or objective findings that indicate signs or symptoms of hypogonadism. Without documentation of testosterone levels or symptoms of hypogonadism, medical necessity cannot be affirmed. The request is not medically necessary.