

<b>Case Number:</b>	CM14-0074268		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2014

### 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 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:

This is a 53-year-old male with a 1/7/13 date of injury. The mechanism of injury was when he fell from the third floor of a building to the second floor stair landing area. According to a progress note dated 5/28/14, the patient complained of chronic low back pain due to degenerative spondylosis of the lumbar spine. He had partial pain relief with his current analgesic medications. The medications help him maximize his level of physical function and improve his quality of life. Objective findings: none noted. Diagnostic impression: degenerative lumbar spondylosis, myofascial pain syndrome, concussion injury, degenerative cervical spondylosis, pain disorder with psychological/general medication condition. Treatment to date: medication management, activity modification, physical therapy, TENS unit. A UR decision dated 5/9/14 denied the request for Androgel. There was mention of the need for the testosterone replacement treatment for the chronic opioid therapy, however, there was no mention of any particular laboratory work that has been done that has actually measured the testosterone levels.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Androgel 1.62% - 2 pumps daily:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Androgel).

**Decision rationale:** CA MTUS states that testosterone replacement for hypogonadism (related to opioids) is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. In addition, the FDA states that AndroGel 1% is an androgen indicated for topical testosterone replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone. According to the progress reports reviewed, there is no documentation that the patient has had a blood test done to confirm his testosterone levels are low. Also, there was no discussion as to why opioid weaning has not been addressed and what specific functional benefit has been achieved with the ongoing opioid treatment. Therefore, the request for Androgel 1.62% - 2 pumps daily was not medically necessary.