

<b>Case Number:</b>	CM14-0084294		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	02/07/1979
<b>Decision Date:</b>	10/06/2014	<b>UR Denial Date:</b>	05/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Internal 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 patient is a 62 year old male who was injured on 02/07/1979. The mechanism of injury is unknown. Progress report dated 07/07/2014 states the patient complained of severe lower extremity weakness bilaterally. He has severe right hand interosseous wasting and right hand clawing. He has an unstable gait and short-stepped. His right hand was swollen and in discomfort. He is diagnosed with chronic right leg postphlebitis syndrome; posttraumatic right ulnar neuropathy with claw deformity and right hand wasting; peripheral neuropathy; opioid decreased testosterone. He was recommended AndroGel 1.62%. Prior utilization review dated 05/19/2014 states the request for Androgel 1.62 % is denied as medical necessity is undetermined.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Androgel 1.62 %:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids). Decision based on Non-MTUS Citation (Nakazawa, 2006) (Page, 2005) (Rajagopal, 2004) (Abs, 2000) (Roberts, 2002) (Roberts, 2000)(Haddad, 2007) (Tracz, 2006) (Isidori, 2005) (Bolona, 2007) (Isidorl, 2005) (Daniell, 2006)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Testosterone replacement for hypogonadism (related to opioids) Page(s): 110-111.

**Decision rationale:** The guidelines recommend testosterone replacement in specific circumstances; generally the patient should be on high-dose long-term opioids with documented low testosterone levels. The clinical documents fail to establish the medical necessity of testosterone replacement. The clinical documents did not clearly discuss testosterone levels in relation to patient symptoms. The patient has been on Androgel and it is unclear if he has had a positive response to the therapy. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.