

<b>Case Number:</b>	CM14-0085976		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	08/28/1998
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Anesthesiology, has a subspecialty in 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:

The injured worker is a 54-year-old male injured on 08/28/98 while working a jackhammer; the injured worker threw a rock with a twisting motion experiencing severe low back and neck pain. The injured worker was initially treated conservatively with medications and physical therapy; however, underwent Intradiscal electro thermal coagulation (IDET) procedure in the lumbar spine in 1999, followed by C4 to C5 anterior cervical discectomy and fusion (ACDF) in 2000, lumbar fusion at L3 to L4 in 2001, and L4 to L5 in 2001. Clinical note dated 06/18/14 indicated the injured worker presented complaining of neck pain radiating into fingers bilateral hands, left greater than right and lumbar radicular pain involving primarily L5 and S1 distribution on the left. Neck pain was associated with headaches in the occipital region. Medications included Norco, Omeprazole, Buspar, Naprosyn, Compazine, Fortesta, Sertraline, Methadone, and Senna. The injured worker had significant history with multi drug use requiring high risk opioid assessment. The initial request for Fortesta gel 10 milligrams/Act (2 percent) with two refills was noncertified on 06/25/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fortesta Gel 10mg/act (2%) with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's: The Pharmacological Basis of therapeutics, 12th ed., Physician's Desk Reference, 68th ed., ODG Workers

Compensation Drug Formulary, Epocrates Online, Monthly Prescribing Reference, Opioid Dose Calculator - AMDD Agency Medical Directors Group Dose Calculator.

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

**Decision rationale:** As noted in the Chronic Pain Medical Treatment Guidelines, several factors can be attributed to sexual dysfunction. There is little information in peer reviewed literature as to how to treat opioid induced androgen deficiency. The clinical documentation provided no discussion regarding the necessity or use of Fortesta. Additionally, there were no formal urological evaluations or serial laboratory studies to substantiate the ongoing use of testosterone. As such, the request for Fortesta Gel 10 milligrams/act (2 percent) with two refills cannot be recommended as medically necessary at this time.