

Case Number:	CM14-0091832		
Date Assigned:	07/25/2014	Date of Injury:	05/26/2009
Decision Date:	08/28/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/17/2014

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:

According to the records made available for review, this is a 58-year-old Male with a 5/26/09 date of injury. At the time (7/21/14) of request for authorization for Decision for Androgel 1.62 with 1 refill, there is documentation of subjective (lumbosacral pain and aching burning sensation in both legs) and objective (restricted range of motion, diminished sensation over right lateral and dorsum of foot) findings, current diagnoses (thoracic or lumbosacral radiculitis, lumbar disc displacement without Myelopathy, postlaminectomy syndrome of lumbar region, and lumbago), and treatment to date (medications (including ongoing treatment with Norco, Cymbalta, Docusate Sodium Oxycontin, and Androgel)). Medical reports identify an ability to exercise with Androgel use and high bio available testosterone. There is no documentation of high-dose long-term opioids and low testosterone levels; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Androgel use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Androgel 1.62 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-dose long-term opioids and low testosterone levels, as criteria necessary to support the medical necessity of testosterone replacement therapy. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of thoracic or lumbosacral radiculitis, lumbar disc displacement without Myelopathy, postlaminectomy syndrome of lumbar region, and lumbago. In addition, there is documentation of ongoing treatment with opioids and Androgel. However, despite documentaiton of ongoing treatment with opioids, there is no (clear) documentation of high-dose long-term opioids. In addition, given documentaiton of high bio available testosterone, there is no documentation of low testosterone levels. Furthermore, despite documentation of increased ability to exercise, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Androgel use to date. Therefore, based on guidelines and review of the evidence, the request for Decision for Androgel 1.62 with 1 refill is not medically necessary.