

Case Number:	CM14-0096203		
Date Assigned:	07/28/2014	Date of Injury:	11/17/1994
Decision Date:	09/16/2014	UR Denial Date:	05/21/2014
Priority:	Standard	Application Received:	06/24/2014

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 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:

The injured worker is a male with date of injury 11/17/1994. Per utilization review treatment appeal dated 6/17/2014, the injured worker has a long history of back pain. He is status post lumbar fusion at L5-S1 in 1986, and then was injured at work on 11/17/1994. He has not been able to work since 1995. He continues to have low back pain, and underwent a diagnostic bilateral L2-4 facet nerve block on 5/6/2014. He reports sexual dysfunction and difficulty with erection. He does report opioid induced hypogonadism for which he utilizes Fortesta gel pump. On examination his gait was antalgic, but he ambulates without assistance. The lumbar spine reveals tenderness to palpation at the lumbosacral junction. Range of motion of lumbar spine is decreased by 40% with flexion, 30% with extension, and 40% with rotation bilaterally. Sensations were intact to light touch at the bilateral lower extremities. Axial loading of the lumbar facet joints were positive for pain. Patient does have tenderness to palpation over the lumbar facet joints. Motor strength is 5/5 at the bilateral lower extremities. Deep tendon reflexes were 1+ and equal at the patella and Achilles. Diagnosis is syndrome post-laminectomy lumbar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fortesta 10mg/0.5gram gel pump QTY: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for hypogonadism Page(s): Page 110-111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism Page(s): 110-111.

Decision rationale: The requesting physician reports that the injured worker had been using injectable testosterone weekly from another physician. He has been diagnosed with opioid induced hypogonadism, and reportedly had blood work done in September 2013. The requesting physician is also requesting to recheck testosterone free and bound level to determine if testosterone level is still low with the current treatment. The MTUS Guidelines recommend the use of testosterone replacement in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. The medical reports indicate that the injured worker had prior testing that supported the diagnosis of hypogonadism. He is currently being treated with fentanyl patch, 100 mcg/hr, one patch every 48 hours. Therefore, the request for the Fortesta 10mg/0.5gram gel pump QTY: 1 is determined to be medically necessary.

Testosterone- Free Level QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.bcguidelines.ca/guideline_testosterone.html

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

Decision rationale: The MTUS Guidelines recommend the use of testosterone replacement in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. The requesting physician has recently taken over management of the opioid induced hypogonadism, and is requesting laboratory studies to verify the effect of the current management. Therefore, the request for Testosterone- Free Level QTY: 1 is determined to be medically necessary.

Testosterone- Bound Level QTY: 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation
http://www.bcguidelines.ca/guideline_testosterone.html

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

Decision rationale: The MTUS Guidelines recommend the use of testosterone replacement in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. The requesting physician has recently taken over management of the opioid induced hypogonadism, and is requesting laboratory studies to verify the effect of the current management. Therefore, the request for Testosterone- Bound Level QTY: 1 is determined to be medically necessary.