

Case Number:	CM13-0010526		
Date Assigned:	09/23/2013	Date of Injury:	11/23/1992
Decision Date:	03/06/2015	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/13/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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, who sustained an industrial injury on 11/23/92. He reported pain in the low back and neck. The diagnoses include status post L4-L5 fusion, chronic high dose opiate use, chronic depression and left SI joint dysfunction. Treatment to date has included surgeries and medication. Currently, the injured worker is reporting hypotestosterone and is being followed by the primary care physician for treatment and is using Androderm 5mcg patches. The pain management physician is attributing the hypotestosterone to chronic opiate use. There are no progress notes from the primary care physician and there are no testosterone lab results in the case file. On 7/16/13, Utilization Review non-certified a request for one follow-up visit in eight weeks with the primary care physician, citing the Endocrine Society Clinical Practice Guidelines 2010 was not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Follow-up visit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Broadspire's medical advisory: Testosterone Replacement Therapy and Opioid Users Endocrine Society Clinic Practice Guidelines 2010: testosterone in Adult Man with Androgen Deficiency Syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urological Association Guideline for the Management of Erectile Dysfunction. <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm>

Decision rationale: This injured worker has L4-L5 fusion, chronic high dose opiate use, chronic depression and left SI joint dysfunction. He reports hypotestosterone and is being followed by the primary care physician for treatment and using topical Androderm 5mcg patches. The pain management physician is attributing the hypotestosterone to chronic opiate use. The initial management of erectile dysfunction begins with the identification of comorbidities and risk factors including prescription and recreational drug use. 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. The risks and benefits and side effects of were not documented as discussed with the worker. There are no low testosterone levels in the records to support replacement therapy. The records do not support the medical necessity of follow up with the primary care physician for prescription of topical testosterone.