

Case Number:	CM14-0163359		
Date Assigned:	10/08/2014	Date of Injury:	06/18/2009
Decision Date:	07/28/2015	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/03/2014

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. 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male with an industrial injury dated 06/18/2009. His diagnoses included cervical radiculopathy, status post left carpal tunnel release, status post lumbar decompression and fusion and bilateral knee arthroscopic surgery. Prior treatments included medications, physical therapy, epidural block, acupuncture, TENS unit, traction and referral to psychologist for depression and anxiety. He presents on 07/15/2014 (the most recent record in relation to the request) with complaints of neck pain radiating down through the arms and pain in both knees. He also complains of pain in the low back. He rates pain as 6-8/10 and notes it is constant every day. Physical exam showed tenderness of the cervical spine and decreased range of motion of the cervical spine. Utilization review references records dated August and September 2014 which are not present in the submitted records for review. The requested treatment is a trial of Androgl 1.62% (quantity unspecified.)

IMR ISSUES, DECISIONS AND RATIONALES

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

A trial of Androgl 1.62% (quantity unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Testosterone replacement for hypogonadism.

Decision rationale: The claimant sustained a work injury in June 2009 and continues to be treated for low back pain, knee pain, and radiating neck pain. When seen, there was cervical spine tenderness with decreased range of motion. Medications include tramadol. Although testosterone replacement can be recommended in limited circumstances for patients taking high-dose long-term opioids, criteria include documented low testosterone levels. In this case, the claimant is not taking high dose opioid medication and the result of any testosterone level testing was not provided for review. The request is not medically necessary.