

Case Number:	CM14-0201859		
Date Assigned:	12/12/2014	Date of Injury:	09/17/2000
Decision Date:	01/30/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/02/2014

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 Physical Medicine Rehab 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:

This 44 year-old patient sustained a head injury on 9/17/2000 from being struck in the face by a large rack from a truck while employed by [REDACTED]. Request(s) under consideration include Testosterone gel 10 mg/act, sixty count with one refill. Diagnoses include traumatic brain injury with pituitary dysfunction and behavioral deficits s/p facial reconstruction; depression, posttraumatic vision syndrome; urologic deficits, right shoulder impingement syndrome, and multiple facial fractures with intermittent epistaxis. Per report of 8/4/14, the psychiatrist has been weaning the medications; oromaxillofacial surgeon has no recommendation for corrective surgery. Treatment included referral for right shoulder steroid injection and to continue weaning as directed by psychiatrist. Report of 9/4/14 from a urologist for evaluation of erectile dysfunction. The patient has also been seen by endocrinologist for diagnosis of panhypopituitarism without any recommendation for hormone replacement therapy. Medications list Tramadol, Cyclobenzaprine, Lidocaine 5%, Venlafaxine, Chlormexidine Gluconate, Ability, Lovastatin, Vitamin D, Ciclopirox, Rozerem, Fish oil, Humatrop, Atenolol, Vyvanse, Florastor, Systane ultra, Ketoconazole cream, Clonazepam, Clonidine, Diclofenace cream, Thera-Gesic, and Norco. There are no exam abnormalities noted or testosterone level provided. There is a notation for Cialis trial failure with consideration for injection therapy. The request(s) for Testosterone gel 10 mg/act, sixty count with one refill was non-certified on 11/4/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone gel 10 mg/act, sixty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids).

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

Decision rationale: The request for Testosterone gel 10 mg/act, sixty count with one refill was non-certified on 11/4/14. Per guidelines, the etiology of decreased sexual function, a symptom of hypogonadism, is confounded by several factors including natural decreased testosterone that occurs with aging, side-effect of medications such as certain SSRIs and anti-epileptic drugs, comorbid conditions of diabetes, and hypertension and vascular diseases. Although testosterone replacement may be recommended in limited circumstances in patients taking long-term high-doses of oral and intrathecal opioids, clear exhibition of symptoms and signs of hypogonadism such as gynecomastia must be documented along with low testosterone level identified by testing. Submitted reports have not demonstrated support for this medication. The Testosterone gel 10 mg/act, sixty count with one refill is not medically necessary and appropriate.