

Case Number:	CM14-0208506		
Date Assigned:	12/22/2014	Date of Injury:	03/27/2005
Decision Date:	02/17/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/12/2014

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 Rehabilitation 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 patient is a 51 year old male with date of injury 03/27/05. The treating physician report dated 10/22/14 (1280) indicates that the patient presents with pain affecting the left wrist. The patient states that after surgery in 2005 he was doing better up until April of this year and now has a recurrence of symptoms including numbness, in all digits of his finger as well as fatiguing of his left hand. The physical examination findings of the left wrist reveal that Phalen's maneuver showed numbness/tingling in the median nerve distribution. The Tinel's sign of the median nerve, and ulnar groove were positive. A carpal compression test was also positive. Prior treatment history includes physical therapy, and prescribed medications of Androgel, Fenofibric, Levothyroxine Sodium, Lisinopril, Lovaza, Lyrica, Metformin HCI ER, Metoprolol Tartrate, Oxycodone, Transderm-Scop, Verapamil, and Zetia. The current diagnosis is: 1. Carpal Tunnel Syndrome. The utilization review report dated 11/19/14 (2) modified the request for Androgel 1.62% (20.25 mg/1.25 gram) transdermal gel packet apply 2 pumps based on the provider's treatment plan, which was to decrease the Androgel from 2 pumps daily to 1 pump daily due to an issue regarding increased triglycerides.

IMR ISSUES, DECISIONS AND RATIONALES

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

Androgel 1.62% (20.25 mg/1.25 gram) transdermal gel packet applies 2 pumps daily:
Overturned

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

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

Decision rationale: The patient presents with pain affecting the left wrist. The current request is for Androgel 1.62% (20.25 mg/1.25 gram) transdermal gel packet apply 2 pumps. The treating physician report dated 10/22/14 does not discuss the current request for Androgel. The UR report dated 11/19/14 (7) states that the patient has hypogonadism and has been using Androgel for at least about a year. MTUS states the following regarding testosterone replacement, "Recommended in limited circumstances for patients taking high-dose long term opioids with documented low testosterone levels. Hypogonadism has been noted in patients receiving intrathecal opioids and long-term dose opioids. Regarding testosterone levels, MTUS states "Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or sign of hypogonadism, such as gynecomastia." In this case, the patient has been taking high-dose long term opioids, and there is documentation of low testosterone levels in the reports provided. The request satisfies MTUS guidelines for testosterone replacement as outlined on page 110. Recommendation is for authorization.