Case Number:	CM15-0137112		
Date Assigned:	08/21/2015	Date of Injury:	06/05/2010
Decision Date:	09/18/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/15/2015

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: North Carolina
Certification(s)/Specialty: Family Practice

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 35 year old male, who sustained an industrial injury on June 05, 2010. The injured worker reported sustaining 50% burns with multiple skin grafts to the back, chest, legs, and scrotum secondary to an electrical fire at work. The injured worker was diagnosed as having electric burn injuries, status post autograft and allograft skin procedures with open wound at perineal region, neuropathic pain syndrome, psychiatric co-morbidity with anxiety and depression, and infertility. Treatment and diagnostic studies to date has included laboratory studies, medication regimen, psychiatric evaluation, and above noted procedures. In a progress note dated February 27, 2015 the treating urologist reports that the injured worker was referred for an evaluation for infertility. The treating urologist indicated the injured worker to have secondary infertility and erectile dysfunction with possible multiple factors of severe oligoasthenospermia that included endocrine, direct testicular injury due to burn related injury, or underlying genetic abnormality. The treating physician noted current use of Arimidex noting that the injured worker had increased gonadotropins and a sperm increase, but not enough of a sperm increase to consider artificial insemination and that the only feasible options to consider were donor sperm, adoption, and in vitro fertilization. The treating physician requested Arimidex 1 mg noting current use of this medication as noted above.

IMR ISSUES, DECISIONS AND RATIONALES

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

Armidex 1 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation On-label and Off-label drugs used in the treatment of mail infertility, Mar 2015, page 595-604.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, armidex.

Decision rationale: The ACOEM, ODG and California MTUS do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of breast cancer. The patient does not have this diagnosis and therefore the request is not medically necessary.