

Case Number:	CM15-0145351		
Date Assigned:	08/06/2015	Date of Injury:	04/07/2004
Decision Date:	09/03/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/27/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 56-year-old male who sustained a cumulative repetitive industrial injury on 04-07-2004. The injured worker was diagnosed with chronic pain, depression, impotence (organic origin) and hypogonadism. The injured worker is status post cervical laminectomy and fusions in 2006, 2007 and 2008. Treatment to date has included diagnostic testing, surgery, physical therapy, median branch block (most recently in April 2015), weekly and bi-weekly cognitive behavioral therapy (CBT) sessions and medications. According to the treating physician's progress report on July 9, 2015, the injured worker continues to experience fatigue, neck pain, back pain with numbness and tingling, insomnia, depression and sexual dysfunction. Physical examination demonstrated left costovertebral angle tenderness and normal male genitalia. A psychological evaluation on the above date noted the injured worker was having difficulty engaging in outdoor activities. The injured worker was noted to be depressed and highly agitated and irritable. He demonstrated increased preoccupation in pain and desperation. The injured worker was endorsing vague suicidal ideation but not intended to attempt suicide. He denied current homicidal ideation. The injured worker had recently been admitted for suicide precautions and left against medical advice when analgesics were given. Current medications are listed as Oxycodone, Zoloft, and Valium. Treatment plan consists of restarting Testin gel and Viagra, urinalysis and the current request for Aved Injection, to follow in 4 weeks with second injection, and then an injection every 10 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aveed Injection, to follow in 4 wks with second (2nd) injection, and after that, injection every 10 wks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Testosterone replacement for hypogonadism (related to opioids).

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

Decision rationale: Pursuant to the Official Disability Guidelines, Aveed injection, to follow in four weeks with second injection, and after that every 10 weeks is not medically necessary. Testosterone replacement for hypogonadism (related to opiates) is recommended in limited circumstances for patients taking high-dose long-term opiates with documented low testosterone levels. See the guidelines for additional details. In this case, with the injured worker's working diagnoses are hypogonadism; and impotence, organic origin. The date of injury is April 7, 2004. The request for authorization is July 9, 2015. According to a urology progress note dated July 9, 2015, the injured worker is a 56-year-old man being treated for hypogonadism and suicidal ideation with the recent admission with suicide precautions. There are no testosterone levels documented in the record. The plan was to restart Viagra and Testim gel. The treating provider is going to change Testim to Aveed. There is no clinical rationale documented in the record for the change from a topical gel to the intravenous form. Additionally, the request for authorization contains an open ended request for a testosterone injection every 10 weeks. There is no clinical rationale for open-ended testosterone injections every 10 weeks. Consequently, absent clinical documentation with testosterone levels, a clinical indication and rationale for changing testosterone gel to the intravenous form and open-ended testosterone injections every 10 weeks, Aveed injection, to follow in four weeks with second injection, and after that not every 10 weeks is medically necessary.