

Case Number:	CM15-0167336		
Date Assigned:	09/08/2015	Date of Injury:	08/20/2012
Decision Date:	10/07/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/25/2015

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 52 year old male, who sustained an industrial injury on 8-20-12. He reported initial complaints of low back pain. The injured worker was diagnosed as having lumbosacral strains with intermittent radicular pain; cervical strains with intermittent radicular pain; cervicgia. Treatment to date has included physical therapy; Functional Capacity Examination (7-8-15); medications. Diagnostics included MRI brain (7-13-15); chest X-ray (7-13-15). Currently, the PR-2 notes dated 7-15-15 indicate the injured worker presents for a follow-up. The provider documents the injured worker has undergone pain management and physical therapy with one provider and then switched to another for lumbar epidural steroid injections. He has had epidural steroid injections at L4-5 on 11-27-13, a right sacroiliac joint injection (no date), a cervical epidural steroid injection at C7-T1 on 8-7-13 with 50% relief for two days, a left sacroiliac joint radiofrequency ablation with 50% with ongoing relief (no date), a left "TFESIX" (no date) with 50% relief that is continuing for the low back. He developed left hip pain that radiated to the gluteus to the perineum region. He has a left piriformis injection (no date) and doing well. He presents on this day for a medications refill. The provider lists his current medications as: Gabapentin, Butrans Transdermal, Naproxen, Tramadol, Adderall, Etodolac, Xanax, Cymbalta, and Hydrocortisone. He has no surgical history. On physical examination, the provider documents the lumbar range of motion is full in flexion and extension. His lateral rotation and lateral bending is associated with an increase in concordant pain in these planes. He has tenderness to palpation over the left sacroiliac joint and pain with loading on twisting lateral movements. His straight leg raise is negative bilaterally with a positive Patrick-

Gaenslen test; positive SI arthropathy on the left. Pace-Freiberg's test is negative for piriformis syndrome. The MRI of the brain dated 7-13-15 reveals no acute intracranial abnormality identified. The chest x-ray dated 7-13-15 reveals no acute cardiopulmonary disease. The provider is requesting authorization of Axiron 30mg 3 times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Axiron 30mg 3 times daily: Upheld

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

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of symptomatic low testosterone. The patient does not have this diagnosis due to industrial incident and therefore the request is not medically necessary.