

Case Number:	CM15-0169117		
Date Assigned:	09/09/2015	Date of Injury:	12/01/2012
Decision Date:	10/07/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/27/2015

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: 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:

This is a 52-year-old male with a date of injury of December 1, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for hypogonadism and a traumatic brain injury. Medical records (August 11, 2015) indicate that the injured worker had no complaints and was taking medications as prescribed. Records also indicate that the injured worker was not passing a lot of urine at night and was only drinking two glasses of water. The physical exam (August 11, 2015) reveals a non-palpable thyroid, clear chest, and normal heart sounds. Treatment has included rehabilitation for physical injuries from the injured worker's accident, and Desmopressin acetate. A progress note dated June 16, 2015 noted that the Desmopressin acetate was discontinued on that date and that Testosterone gel was initiated. The original utilization review (August 19, 2015) partially certified a request for Testosterone gel (2 pumps each shoulder) with two refills (original request for six refills).

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone gel (2 pumps each shoulder) x6 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/androgel.html>.

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

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