

Case Number:	CM15-0204131		
Date Assigned:	10/20/2015	Date of Injury:	06/28/2007
Decision Date:	12/02/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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
 Certification(s)/Specialty: Emergency 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:

This is a 64-year-old male with a date of industrial injury 6-28-2007. The medical records indicated the injured worker (IW) was treated for lumbar post-laminectomy syndrome; degeneration of lumbar intervertebral disc; and thoracic radiculitis. In the progress notes (8-21-15), the IW reported increased lumbar pain, 7 out of 10, instead of his usual 2 out of 10. He tried to decrease his Oxycodone by half the previous month, but the pain was too severe. He took his Suboxone to prevent withdrawals. He had difficulty sleeping and tried herbal tea. He used the Jacuzzi at the gym. His increased pain prevented him from swimming. He also had constant leg and foot pain rated 8 to 9 out of 10. He had numerous back surgeries and the provider stated there is permanent nerve damage. The IW has been on opioid pain medications long-term. On examination (8-21-15 notes), there were visible scars at the lumbar spine. Sensation was decreased in the L5-S1 distribution on the left. Seated straight leg raise was positive on the left. There was weakness in the left hip flexors. Muscle spasms were also present. Treatments included acupuncture, cortisone injections, spinal surgeries (12), physical therapy, swimming and medications. The IW was temporarily totally disabled. The records did not contain a recent testosterone level. A Request for Authorization was received for Androgel 1% gel pump, apply 4 pumps daily 150mg per month, prescribed 8-21-15 for opioid-induced hypogonadism. The Utilization Review on 9-18-15 non-certified the request for Androgel 1% gel pump, apply 4 pumps daily 150mg per month, prescribed 8-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Androgel 1% gel pump apply 4 pumps daily 150mgs/ month prescribed 8/21/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment, Testosterone replacement for hypogonadism (related to opioids).

Decision rationale: The requested Androgel 1% gel pump apply 4 pumps daily 150mgs/ month prescribed 8/21/2015, is not medically necessary. CA Medical Utilization Treatment Schedule (7-18-09): Chronic Pain Medical Treatment Guidelines: Testosterone replacement for hypogonadism (related to opioids), Pages 110-111, note that testosterone replacement is "Recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels." Further, "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 signs of hypogonadism, such as gynecomastia. If needed, testosterone replacement should be done by a physician with special knowledge in this field given the potential side effects such as hepatomas." The injured worker has been on opioid pain medications long-term. On examination (8-21-15 notes), there were visible scars at the lumbar spine. Sensation was decreased in the L5-S1 distribution on the left. Seated straight leg raise was positive on the left. There was weakness in the left hip flexors. Muscle spasms were also present. The treating physician has documented low testosterone and free testosterone levels, normal PSA level and derived increased energy from previous use. The criteria noted above not having been met, Androgel 1% gel pump apply 4 pumps daily 150mgs/ month prescribed 8/21/2015 is not medically necessary.