

Case Number:	CM15-0206368		
Date Assigned:	10/23/2015	Date of Injury:	09/01/1998
Decision Date:	12/04/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/21/2015

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 injured worker is a 58 year old male, who sustained an industrial injury on 09-01-1998. The injured worker was diagnosed as having hypogonadism. On medical records dated 10-06-2015, the subjective complaints were noted as 2 months late for Testopel. Serum T 135 5 months after placement of 12 pellets and the plan was for 13 pellets on 10-06-2015. Objective findings were noted as left hip area was prepped and draped and pellet were implant per procedure. Treatment to date included medication. Current medications were listed as Flomax, Ueroxeltral, VESicare, Viagra, Cialis, Rapaflo and Testopel (noted as 75mg pellet-implant- active). The Utilization Review (UR) was dated 10-15-2015. A Request for Authorization was dated 10-07-2015. The UR submitted for this medical review indicated that the request for Testopel #13 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testopel #13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation National Institutes of Health.

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

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 hypogonadism. The patient does have the confirmed diagnosis of symptomatic hypogonadism. There are no documented contraindications to the medication. Therefore, the request is medically necessary.