

Case Number:	CM15-0026119		
Date Assigned:	02/18/2015	Date of Injury:	07/18/1997
Decision Date:	04/06/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/11/2015

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: Texas, California
 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 58 year old male, who sustained a work related injury on 7/18/97. The diagnoses have included chronic low back pain, intervertebral disc disorder with myelopathy and depression. Treatments to date have included nucleoplasty, oral medications and Lidoderm patch. In the PR-2 dated 1/15/15, the injured worker complains of low back pain with pain that radiates down both legs. He rates the pain a 7-9/10 on medications. He is able to take care of self and do activities of daily living. He has tenderness to palpation of lumbar areas musculature. He has decreased range of motion in low back area. He has weakness in both legs and ambulates with forearm crutches. The medication list include Colace, Senna, MSIR (morphine sulphate-immediate release), Modafinil, Clonazepam, trazodone, Cymbalta, Foresta and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Foresta gel #1 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com.

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

Chapter Testosterone replacement for hypogonadism (related to opioids) and Other Medical Treatment Guidelines Thompson Micromedex Androgen-FDA labeled indication Delayed puberty in male and Hypogonadism, J Clin Endocrinol Metab. 2010 Jun;95(6):2536-59. Testosterone therapy in men with androgen deficiency syndromes: an Endocrine Society clinical practice guideline.

Decision rationale: CA MTUS and ACOEM do not address this request. FORTESTA (testosterone) Gel is used to treat adult males who have low or no testosterone. Per the cited guidelines, Recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Hypogonadism has been noted in patients receiving intrathecal opioids and long-term high dose opioids. Routine testing of testosterone levels in men taking opioids is not recommended; however, 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. Etiology of decreased sexual function, a symptom of hypogonadism, is confounded by several factors including the following: (1) The role of chronic pain itself on sexual function; (2) The natural occurrence of decreased testosterone that occurs with aging; (3) The documented side effect of decreased sexual function that is common with other medications used to treat pain (SSRIs, tricyclic antidepressants, and certain anti-epilepsy drugs); & (4) The role of comorbid conditions such as diabetes, hypertension, and vascular disease in erectile dysfunction. There is little information in peer-reviewed literature as to how to treat opioid induced androgen deficiency. Long-term safety data of testosterone replacement (overall): Not available. Per the cited guidelines FDA labeled indications of Androgen includes Delayed puberty in male and Hypogonadism. Per the cited reference, Testosterone should be administered only to a man who is hypogonadal, as evidenced by clinical symptoms and signs consistent with androgen deficiency. Evidence of androgen deficiency is not specified in the records provided. Any lab reports demonstrating low testosterone levels are not specified in the records provided. The details of symptoms clearly attributable to low testosterone levels are not specified in the records provided. Therefore, medical necessity of the request for Foresta gel #1 with 5 refills is not fully established in this patient.