MAXIMUS Federal Services

Case Number:	CM15-0220532		
Date Assigned:	11/13/2015	Date of Injury:	07/31/2000
Decision Date:	12/23/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/09/2015

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: New Jersey, New York
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 66 ([redacted]) year old male, who sustained an industrial injury on 7-31-2000. The injured worker is being treated for depressive disorder and erectile dysfunction. He also has pertinent diagnoses of coronary artery disease (CAD), hypertension, hyperlipidemia, diabetes mellitus, obstructive sleep apnea, and atrial fibrillation as well as orthopedic diagnoses. Treatment to date has included surgical intervention (coronary artery bypass graft (CABG) 1-2015), cardiac rehabilitation program, diagnostics and medications. Per the Office Consultation dated 7-02-2015 the injured worker reported shortness of breath and exertional dyspnea. Objective findings included elevated blood pressure and a normal heart rhythm upon auscultation. Per the Primary Treating Physician's Progress Report dated 9-16-2015, the injured worker presented for re-evaluation, He reported that his energy is low and he has noticed a decrease in his libido lately. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Work status was permanent and stationary. He is totally permanently disabled. The plan of care included continuation of trial of testosterone injections and a prescription for Amlodipine as well as a request for the IW cardia records. Authorization was requested for weekly Testosterone injections (#1), referral to provider for testosterone injection (#1) and Amlodipine 5mg (#1) and follow-up for treatment management. On 10-21-2015, Utilization Review non-certified the request for weekly Testosterone injections (#1), referral to provider for testosterone injection (#1) and Amlodipine 5mg (#1).

IMR ISSUES, DECISIONS AND RATIONALES

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

Weekly testosterone injections (quantity unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 6th Edition 2008, Pain section.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Testosterone replacement for hypogonadism (related to opioids).

Decision rationale: The request is considered not medically necessary. The patient has not had a full evaluation for potential hypogonadism. There is no documented testosterone level showing the necessity of testosterone replacement therapy. There is no rationale as to why injections were requested. Given the patient's cardiac history, it is concerning that there are no large RCT that demonstrate safety with long term testosterone use. Therefore, the request is not medically necessary.

Referral to provider for testosterone injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Second Edition Chapter 7 page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Testosterone replacement for hypogonadism (related to opioids).

Decision rationale: The request is considered not medically necessary. The patient has not had a full evaluation for potential hypogonadism. There is no documented testosterone level showing the necessity of testosterone replacement therapy. There is no rationale as to why injections were requested. Given the patient's cardiac history, it is concerning that there are no large RCT that demonstrate safety with long term testosterone use. Therefore, a referral to a provider for testosterone injections is not medically necessary.

Amlodipine 5mg (unspecified quantity): 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) Diabetes; Hypertension treatment.

Decision rationale: The request is considered not medically necessary. The patient has uncontrolled hypertension which is concerning in the presence of diabetes. Amlodipine is a reasonable anti-hypertensive to add to a regimen. However, because quantity was not designated, the request is not medically necessary.