

Case Number:	CM15-0034158		
Date Assigned:	02/27/2015	Date of Injury:	09/17/2000
Decision Date:	04/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/23/2015

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: Physical Medicine & Rehabilitation

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 44 year old male, who sustained an industrial injury on 9/17/2000. He has reported traumatic brain injury. The diagnoses have included traumatic brain injury, post-traumatic vision syndrome, multiple facial fractures with intermittent epistaxis, pituitary dysfunction related to traumatic brain injury, behavioral deficits related to traumatic brain injury, impaired oral dentation, urologic deficits, impotence, right shoulder impingement syndrome, depression and weight gain. Treatment to date has included medications, rehabilitation and physical therapy. Currently, the injured worker complains of sexual dysfunction unchanged for 14 years, worsened by medications. Progress note dated 10/13 noted the injured worker suffered from sexual dysfunction, for 14 years following head trauma. Physical exam was noted to be normal. On 1/23/15 Utilization Review non-certified Foresta (testosterone topical gel) 2 pumps twice a day, noting there is no supporting medical note form the requesting physician with current subjective and objective findings. The MTUS, ACOEM Guidelines and ODG were cited. On 2/6/15, the injured worker submitted an application for IMR for review of Foresta (testosterone topical gel) 2 pumps twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Foresta (testosterone topical gel) two pumps twice a day: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Page(s): 6.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter on testosterone.

Decision rationale: The patient presents with sexual dysfunction. The request is for Foresta (Testosterone topical gel) two pumps twice a day. The request for authorization is not provided. The patient describes the symptoms as inability to initiate erection, maintain erection and occurring with all sexual encounters. Onset was sudden approximately 14 years ago following facial and head trauma. Patient has seen 3 urologists, and all three had apparently tried Viagra despite his adverse effect from medication of severe headache. He had a doppler ultrasound of penis using vasoactive drugs and he developed a partial erection only. Patient reports libido okay. He has an endocrinologist for reported panhypopituitarism but is on no hormone replacement therapy. Patient awakens in a.m. with partial erection. Injection induced erection was straight with curvature or pain. Patient also trialed Levitra for ED and although no headache an erection did not occur. Patient's current medications include Cialis, Abilify, Bupropion, Clonazepam, Cyclobenzaprine, Humatrope, Hydrocodone-Acetaminophen, Ketoconazole, Lidocaine, Methylphenidate, NasoGel, Rozeram, Tramadol, Venlafaxine, Vyvanse and Florastor Kids. Work status is not provided. ODG, Pain Chapter on testosterone replacement treatments for hypogonadism states that it is 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. Treater does not provide reason for the request. Per progress report dated 09/04/14, lab results for Total Testosterone shows Testosterone, Serum at 287 (abn) ng/dL (normal range: 348-1197 ng/dL). The patient has a history of long-term opiate use and the request for Fortesta is indicated given the patient's current diagnosis of hypogonadism. Therefore, the request IS medically necessary.