

<b>Case Number:</b>	CM15-0083205		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	07/02/2003
<b>Decision Date:</b>	06/09/2015	<b>UR Denial Date:</b>	03/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 59-year-old male, who sustained an industrial injury on 07/02/2003. He reported lower back pain while working as a cargo loader and was diagnosed with severe lumbar stenosis. The injured worker is currently considered permanent and stationary. The injured worker is currently diagnosed as having urinary frequency and urgency with nocturia, urinary incontinence, erectile dysfunction, decreased libido, penile lesion, micro-orchidia, hypertension, and low back pain status post multilevel laminectomy. Treatment and diagnostics to date has included back surgeries and medications. In a progress note dated 11/05/2014, the injured worker presented with complaints of urinary frequency, urgency, incontinence, erectile dysfunction, and decreased libido. The treating physician stated the injured worker's sexual dysfunction is a result of chronic pain, narcotic use, and depression and is requesting authorization for AndroGel and Ambien.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**2 containers of AndroGel 1.62%: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.drugs.com/androgel.html](http://www.drugs.com/androgel.html).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <https://online.epocrates.com/>; AndroGel testosterone topical and Testosterone Deficiency.

**Decision rationale:** The MTUS does not discuss the use of topical testosterone. Epocrates states: Early morning serum total testosterone level below 300 nanograms/dL on at least two separate occasions in a symptomatic man generally confirms the diagnosis of hypogonadism. Testosterone should be measured in all men with erectile dysfunction. Measurement of the gonadotropins (LH and FSH) distinguishes between a primary and a secondary cause. The treating physician has not provided the above-required labs and has not detailed how the testosterone deficiency is related to the industrial injury. As such, the request for 2 containers of AndroGel 1.62% is not medically necessary.

**Ambien 10 mg #30:** 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), Zolpidem 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, Zolpidem, insomnia treatment.

**Decision rationale:** The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia. In this case, there has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as (a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping. Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states: The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning. Medical documents provided do not detail these components. The UR modified the request to allow for a wean which is appropriate. As such, the request for Ambien 10mg #30 is not medically necessary at this time.