

Case Number:	CM15-0083474		
Date Assigned:	05/05/2015	Date of Injury:	05/17/2011
Decision Date:	06/12/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	05/01/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 52 year old male, who sustained an industrial injury on 5/17/2011. Diagnoses have included cervicgia, erectile dysfunction, radiculitis, spinal stenosis without neurogenic claudication, back pain and lumbar disc disorder without myelopathy. Treatment to date has included medication. According to the progress report dated 4/2/2015, the injured worker complained of back pain with increasing symptoms for one week described as numbness, aching and throbbing. He rated the pain as 6/10 in his lower back, radiating down the right leg. He also complained of fatigue. Exam of the cervical spine revealed severe tenderness at the trapezius. Range of motion was decreased. The physical exam from the 3/5/2015 progress report showed severe tenderness at the right sciatic notch. FABER test was positive on the right side. Straight leg raise in the sitting position was mild on the right. Authorization was requested for AndroGel gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

AndroGel 1.62% day supply: 24 Qty: 150 Refills: 0 Rx date 4/6/2015: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 110.

Decision rationale: MTUS supports testosterone supplement for insured if there is documented low laboratory with symptoms and/or signs. The medical records support low testosterone level with complaints of sexual dysfunction not responsive to erectile aids. As such, the medical records support the use of supplement congruent with MTUS.