

Case Number:	CM14-0121631		
Date Assigned:	08/06/2014	Date of Injury:	09/22/1996
Decision Date:	09/26/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 42-year-old male who has submitted a claim for sexual dysfunction associated with an industrial injury date of September 22, 1996. Medical records from 2001 through 2014 were reviewed, which showed that the patient complained of low energy and libido. Physical examination revealed that the patient was clinically depressed. His other diagnoses include sleep disorder, obstructive sleep apnea, steatohepatitis, gastritis, GERD, irritable bowel syndrome, hyperactive urinary bladder, hypertension, depression, neck and shoulder pain and hyperlipidemia. Patient had not yet any treatment to date concerning the sexual dysfunction. Patient's other medications include benazepril, esomeprazole, hydrochlorothiazide-triamterene, ketoconazole topical cream, Metoprolol tartrate, Norco, triamcinolone topical cream and Fentanyl patches. Utilization review from July 30, 2014 denied the request for Androgel Pump 1.62% because the etiology of the patient's low testosterone is unclear and level of testosterone had not been reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Androgel Pump 1.62%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Decreased Sexual Function Page(s): 110. Decision based on Non-MTUS Citation Physicians Desk Reference (PDR), 67th Edition 2013, Androgel.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Testosterone replacement for hypogonadism Page(s): 110-111.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that "testosterone replacement for hypogonadism (related to opioids) is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels." In this case, the patient presented with symptoms of hypogonadism and he was taking high dose opioids. However, the provided records did not show low testosterone level. Until a documented low testosterone level is provided, the request for Androgel Pump 1.62% is not medically necessary.