

Case Number:	CM14-0149927		
Date Assigned:	09/18/2014	Date of Injury:	07/17/2009
Decision Date:	11/12/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/15/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 48 year old male with an injury date of 07/17/09. Based on the 04/02/14 progress report provided by [REDACTED] the patient presents with urinary frequency with nocturia times four and erectile dysfunction. Frequency of urination started after his lumbar procedure dated 02/06/14. Patient is being treated with Viagra and Androgel, which has helped with his libido and energy. Per QME report dated 06/06/13, mentioned in progress report dated 04/04/14 by [REDACTED] patient is status post transforaminal lumbar interbody fusion 01/04/10, with continued low back and right leg pain with a history of hypertension and medication induced gastritis, along with urologic disability. His medications include Norco, Dilaudid, Valium, FexMid, Prilosec, Anaprox, Colace, Effexor, and Seroquel. Dendracin cream, Oxycontin, MS Contin, Neurontin, Synovacin and Opana were discontinued. Operative Report 02/06/14 by [REDACTED] - Procedure: lumbar epidural left and right L5-S1, epidurography Pre-op diagnosis: - lumbar radiculitis - lumbar degenerative disk disease - lumbar post-laminectomy Diagnosis 04/02/14 by [REDACTED] - urinary frequency - erectile dysfunction secondary to pain - orthopedic/neurological issues, failed back syndrome, right hip fracture - chronic pain disorder - hypertension - hypogonadism, endocrine problems - abdominal apron secondary to weight loss - depression and anxiety, major - medication dependency - obesity Diagnosis 04/04/14 by [REDACTED] - lumbar post-laminectomy syndrome status post L4-5 interbody fusion, 01/04/10 - right lower extremity radiculopathy - reactive depression/anxiety - history of left chip avulsion fracture, left ankle - neurogenic bladder/erectile dysfunction - obesity- industrially related to Cushing's disease - right femur status post ORIF, 01/04/13 - medication induced gastritis [REDACTED] is requesting Androgel 1.62%. The utilization review determination being challenged is dated 09/05/14. The rationale is "no medical

information provided to support the need for supplementation. The patient has been dispensed AndroGel in November 2013. [REDACTED] is the requesting provider, and he provided treatment reports from 02/06/14 - 09/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

AndroGel 1.62%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Testosterone replacement.

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

Decision rationale: The patient presents with urinary frequency with nocturia times four and erectile dysfunction. The request is for AndroGel 1.62%. The patient is lumbar post-laminectomy syndrome status post L4-5 interbody fusion, 01/04/10. His diagnosis dated 04/02/14 by [REDACTED] includes orthopedic/neurological issues, failed back syndrome, right hip fracture, medication dependency and hypogonadism, endocrine problems. The patient is being treated with Viagra and AndroGel, which has helped with his libido and energy. The MTUS, ACOEM and ODG guidelines are silent regarding AndroGel spray. However, the FDA states the following: "AndroGel 1.62% is a prescription medicine that contains testosterone. 1.62% is used to treat adult males who have low or no testosterone. It is recommended that healthcare providers test patient's blood before they start and while they are taking AndroGel 1.62%." Regarding Testosterone replacement treatments for hypogonadism, the ODG states "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. Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia." In this case, patient presents with hypogonadism, however physician has not reported duration of opioid use, nor provided documentation of testosterone levels, no evidence of gynecomastia on exam, and there are no reports of blood tests prior to initiating this medication. Given the lack of discussion of patient's testosterone level, the request for AndroGel is considered not medically necessary.