

Case Number:	CM14-0169816		
Date Assigned:	10/20/2014	Date of Injury:	05/17/2011
Decision Date:	12/17/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/14/2014

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:

Patient is a 52 year-old male with date of injury 05/17/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 09/30/2014, lists subjective complaints as pain in the low back. Objective findings: Examination of the lumbar spine revealed severe tenderness in the right sciatic notch. Range of motion was within normal limits. FABER test was positive on the right side. Straight leg raising test was mildly positive on the right side from sitting position. Kemps test was negative bilaterally. Diagnosis: 1. Lumbar disc disorder without myelopathy 2. Spinal stenosis with neurogenic claudication 3. Back pain. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as three months. Medications: 1. Andro Gel 1.62%, #150 SIG: 4 pumps per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Andro Gel 1.62% #150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACP Releases Guideline on Hormone Testing and Pharmacologic Treatment of Erectile Dysfunction. Am Fam Physician. 2010 May 1; 81(9):1158-1159

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

Decision rationale: The MTUS recommends testosterone replacement for hypogonadism in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. There is no documentation of hypogonadism related to long-term high dose opioid use. Andro Gel 1.62% #150 is not medically necessary.