MAXIMUS Federal Services

Case Number:	CM14-0197318		
Date Assigned:	12/05/2014	Date of Injury:	08/05/2003
Decision Date:	01/22/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/24/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 58 year old man with a date of industrial injury of 8/5/03. He was seen by his provider on 10/15/14 for chronic pain management for his low back and left buttock pain. He felt his medications were stable and helping and had no aberrant behavior. Side effects including fogginess and forgetfulness and he was working full time. His exam showed he was alert, oriented and cogent and in no apparent distress. His mood was calm and he had baseline grooming. His speech was clear without sedation. His diagnoses included "multilevel DDD worse at L3-4 with HNP at L1-2, hypogonadal, long acting opiate and depression secondary to chronic pain". He was to continue on his opioids - Kadan and Norco as well as his Depotestosterone injections. The medication of Depotestosterone is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Depotestosterone injection 200mg/ml #2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 110 -111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Urological Association Guideline for the

Management of Erectile Dysfunction. http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm

Decision rationale: This injured worker has a diagnosis of hypogonadism presumed secondary to chronic opiate use. The initial management of erectile dysfunction begins with the identification of comorbidities and risk factors including prescription and recreational drug use. This worker has hypogonadism presumably related to the side effects of opioids. 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. The risks and benefits and side effects of Depotestosterone were not documented as discussed with the worker. There are no low testosterone levels in the records to support replacement therapy. The records do not support the medical necessity of Depotestosterone injections.