

Case Number:	CM14-0211917		
Date Assigned:	12/24/2014	Date of Injury:	04/20/1998
Decision Date:	02/27/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, 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:

This is a male patient with a date of injury of April 20, 1998. A utilization review determination dated November 26, 2014 recommends non-certification of Axiron 30mg/1.5ml with 11 refills, 1 free, total, and bioavailable testosterone level, and PSA. A progress note dated November 18, 2014 identifies subjective complaints of Axiron causing irritation of the armpits enough that he must use it only 3 days per week, however he is not interested in changing agents at this time. The patient reports that his sex drive, erections, and libido are all impaired; unfortunately, Axiron is the most effective product in comparison to others even though it causes rash. The patients VAS is 6-8/10 with medications and 10/10 without medications. The patient's medications provide him with functional improvement by allowing him to get out of bed, dress with assistance, bathe with assistance, and to manipulate objects such as dining utensils without undue pain. The physical examination reveals bilateral trapezius and thoracic paraspinal muscle tenderness with palpation, tenderness across the pectorals to palpation, and right shoulder range of motion is limited due to pain. The diagnoses include spasm of muscle, displacement of cervical intervertebral disc without myelopathy, other specified disorders of bursa and tendons in shoulder, and other testicular hypofunction. The treatment plan recommends a prescription for Axiron 30mg/1.5ml with 11 refills, a request for a testosterone check and PSA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Axiron 30mg/1.5ml with 11 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Testosterone

Decision rationale: Regarding the request for Axiron 30mg/1.5ml with 11 refills, California MTUS does not address the issue. ODG cites that testosterone replacement is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Within the documentation available for review, there is no documentation of a low testosterone level for which replacement would be indicated, and there is no documented improvement of symptomology with the use of Axiron. In the absence of such documentation, the currently requested Axiron 30mg/1.5ml with 11 refills is not medically necessary.

Lab: 1 Free, total, and Bioavailable Testosterone Level (1 of each): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 110-111. Decision based on Non-MTUS Citation J Adv Pharm Technol Res. 2010 Jul-Sep; 1(3): 297-301

Decision rationale: Regarding the request for 1 Free, 1 Total, and 1 bioavailable testosterone level, Chronic Pain Medical Treatment Guidelines state that 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. Due to risk of hepatoma, guidelines recommend that testosterone replacement should be done by a physician with special knowledge in the field. An article in the Journal of Advanced Pharmacologic Technology states that there are numerous causes of hypogonadism. They go on to indicate that a thorough history and physical is indicated in an attempt to identify the underlying etiology of hypogonadism. Within the documentation available for review, there is no documentation of a thorough history and physical examination directed towards the patient's endocrine function, and there is no indication that the patient is taking high-dose oral opioids or intrathecal opioids. Furthermore, there is no indication that the physician prescribing the testosterone replacement has special knowledge in the field, as recommended by guidelines. In the absence of such documentation, the currently requested 1 Free, 1 Total, and 1 bioavailable testosterone level is not medically necessary.

Lab test: PSA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S Preventive Services Task Force. Screening for prostate cancer: U.S. Preventive Services Task Force recommendation statement. Ann Intern Med. 2012, July 17, 157(2) :120-34

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<http://labtestsonline.org/understanding/analytes/psa/tab/test>

Decision rationale: Regarding the request for PSA lab test, California MTUS and ODG do not address the issue. The total PSA test and DRE may be ordered when a man has symptoms that could be due to prostate cancer, such as difficult, painful, and/or frequent urination, back pain, and/or pelvic pain. Within the documentation available for review, there are no subjective complaints or medical reason provided to support a PSA check. In light of the above issues, the currently requested PSA lab test is not medically necessary.