

Case Number:	CM14-0212000		
Date Assigned:	01/02/2015	Date of Injury:	05/17/2012
Decision Date:	03/05/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/18/2014

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: Maryland, District of Columbia
Certification(s)/Specialty: Internal Medicine

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 employee was a 63 year old male who sustained an industrial injury on 05/17/12. Prior treatments included medications, TENS unit, home exercise program and radiofrequency ablation procedure. Current medications included Norco, Baclofen, Gralise, Cialis, Flector patch and Axiron. The progress note from 11/20/14 was reviewed. His subjective complaints included neck pain that was 9/10. He reported 50% reduction in his pain and 50% functional improvement with activities of daily living with his pain medications versus not taking them at all. He had been using a TENS unit daily and a home traction device. He was using Norco upto 6 per day and Baclofen for muscle spasms. He used Cialis for erectile dysfunction and BPH and Flector patches as an anti-inflammatory source, Axiron solution for low testosterone levels. On examination, he was found to have normal blood pressure of 122/72 mm of Hg and muscle spasms across the cervical paraspinal and cervical trapezius muscles. Diagnoses included cervical sprain/strain, history of lumbar sprain and strain and history of total knee replacement. The request was for Axiron solution 2 pumps to each underarm daily. Last testosterone level available was from 12/06/13, which was 108. PSA was normal at 0.8. Last Urology note from 12/22/13 was reviewed. His diagnoses were erectile dysfunction and hypogonadism.

IMR ISSUES, DECISIONS AND RATIONALES

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

Axiron #1 Bottle: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Axiron. Decision based on Non-MTUS Citation National Library of Medicine

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

Decision rationale: The employee was a 63 year old male who sustained an industrial injury on 05/17/12. Prior treatments included medications, TENS unit, home exercise program and radiofrequency ablation procedure. Current medications included Norco, Baclofen, Gralise, Cialis, Flector patch and Axiron. The progress note from 11/20/14 was reviewed. His subjective complaints included neck pain that was 9/10. He reported 50% reduction in his pain and 50% functional improvement with activities of daily living with his pain medications versus not taking them at all. He had been using a TENS unit daily and a home traction device. He was using Norco upto 6 per day and Baclofen for muscle spasms. He used Cialis for erectile dysfunction and BPH and Flector patches as an anti-inflammatory source, Axiron solution for low testosterone levels. On examination, he was found to have normal blood pressure of 122/72 mm of Hg and muscle spasms across the cervical paraspinal and cervical trapezius muscles. Diagnoses included cervical sprain/strain, history of lumbar sprain and strain and history of total knee replacement. The request was for Axiron solution 2 pumps to each underarm daily. Last testosterone level available was from 12/06/13, which was 108. PSA was normal at 0.8. Last Urology note from 12/22/13 was reviewed. His diagnoses were erectile dysfunction and hypogonadism. According to MTUS, Chronic Pain Medical Treatment guidelines, hypogonadism has been noted in patients on long term high dose opioids. Routine testing of testosterone levels in men taking opioids is not recommended, but an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids and who exhibit symptoms or signs of hypogonadism. The employee had low testosterone levels in past and had been evaluated by Urology. Given the known low testosterone level and ongoing use of Norco, the request for Axiron solution is medically necessary and appropriate.