

Case Number:	CM15-0011451		
Date Assigned:	01/29/2015	Date of Injury:	08/05/2007
Decision Date:	03/25/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/21/2015

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 & Rehabilitation

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 53 year old male, who sustained an industrial injury on August 5, 2007. He has reported low back pain. The diagnoses have included hypogonadism, factor V deficiency, deep vein thrombosis (DVT), lumbar radiculopathy and intervertebral disc disorder. Currently, the IW complains of back pain radiating to legs with weakness and numbness in legs and feet. Treatment includes epidural steroid injection, oral and topical medication. On January 20, 2015 utilization review non-certified a request for Andro Gel 1.62% 75 grams. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

AndroGel 1.62% 75 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7/18/2009 Page(s): 110-111.

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

Decision rationale: This patient presents with lower back pain. The treater has asked for ANDROGEL 1.62% 75 GRAMS but the requesting progress report is not included in the provided documentation. Regarding Testosterone replacement for hypogonadism (related to opioids), MTUS recommends in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. MTUS states: 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. If needed, testosterone replacement should be done by a physician with special knowledge in this field given the potential side effects such as hepatomas. The patient is currently not working, as he is retired. In this case, while the treater lists hypogonadism as one of the diagnosis and the patient is on long-term opioid use, there is no documentation of low levels of testosterone. Testosterone level is not reported in any of the reports. MTUS recommends testosterone replacement for patients taking high-dose long-term opioids with documented low testosterone levels, but this patient has not been tested for testosterone levels. The requested Androgel IS NOT medically necessary.