

Case Number:	CM15-0013101		
Date Assigned:	01/30/2015	Date of Injury:	09/01/2001
Decision Date:	03/26/2015	UR Denial Date:	01/01/2015
Priority:	Standard	Application Received:	01/22/2015

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, Arizona

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 48-year-old male who reported an injury on 09/01/2001. The mechanism of injury was not provided. There was a Request for Authorization submitted for review for enanthate and Androgel dated 12/31/2014. The documentation of 12/15/2014 revealed the injured worker was utilizing Androgel 1.625 and Viagra. The injured worker indicated it took several hours before Viagra will act and that its effect went on for a long time. The documentation indicated the injured worker had learned to utilize Viagra way before the intended sexual activity. The injured worker was noted to be interested in alternative forms of treatment for erectile dysfunction. The injured worker continued to have low back pain affecting both his libido and erectile dysfunction. The external genitalia were noted to be normal and there were no significant abnormalities of the scrotal contents. The diagnoses included impotence organic and hypogonadism. The treatment plan included testosterone enanthate for intramuscular injection and the injured worker was given prescriptions for Androgel 1.62% and Viagra. The physician documented the injured worker would be a good candidate for a penile prosthesis implantation as a permanent and predictively successful way of treating his problem for erectile dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Androgel 1.62% with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

Decision rationale: The California Medical Treatment & Utilization Schedule guideline recommend Testosterone replacement in limited circumstances for injured workers taking high-dose long-term opioids with documented low testosterone levels. The clinical documentation submitted for review indicated the injured worker was on opioids for an extended duration of time. However, there was a lack of documentation indicating the injured worker had a documented low testosterone level. There was a lack of documentation indicating a necessity for 4 refills without re-evaluation. The frequency was not provided per the submitted request. Given the above, the request for Androgel 1.62% with 4 refills is not medically necessary.

Testosterone enanthate injection 200mg/M 15cc: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

Decision rationale: The California Medical Treatment & Utilization Schedule guideline recommend Testosterone replacement in limited circumstances for injured workers taking high-dose long-term opioids with documented low testosterone levels. The clinical documentation submitted for review indicated the injured worker was on opioids for an extended duration of time. However, there was a lack of documentation indicating the injured worker had a documented low testosterone level. The frequency was not provided per the submitted request. Given the above, the request for testosterone enanthate injection 200 mg/M 15 cc is not medically necessary.