

Case Number:	CM15-0110374		
Date Assigned:	06/16/2015	Date of Injury:	01/01/1991
Decision Date:	07/21/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/09/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 56-year-old male who sustained an industrial injury on 01/01/1991. The injured worker was diagnosed with essential hypertension, lumbar degenerative disc disease, obstructive sleep apnea, diabetes mellitus, and coronary artery disease with stent in 2012, gastroesophageal reflux disorder (GERD), hypogonadism, secondary polycythemia and chronic osteoarthritis. The injured worker is status post lumbar fusion in 2003 and multiple orthopedic injuries secondary to his professional sports career. According to the primary treating physician's progress report on May 18, 2015, the injured worker reports dizziness and weakness upon standing, fatigue, decline in vision, urinary incontinence, urgency, nocturia, polydipsia, back and knee pain. Blood pressure was noted at 120/60. The injured worker denies chest pain, shortness of breath and fever. No orthostatic vital signs were noted. No heart rate or rhythm was documented. No glucose finger stick performed. Current medications are listed as Bystolic, Aspirin, Carafate, Eplerenone, Hydrocodone, Losartan, Lipitor, Norvasc, Pantoprazole, Ranitidine, Staxyn, Promethazine and Phenergan gel. Treatment plan consists of urology, ophthalmologist, and orthopedic referrals, hold Lipitor, hold Eplerenone, glucose testing daily and keep diary and the current request for continuous positive airway pressure (CPAP) supplies to be replaced every 3 months, adjustable mattress and Andro Gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continuous positive airway pressure (CPAP) supplies to be replaced every 3 months:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www. UpToDate. com](http://www.UpToDate.com).

Decision rationale: This 56 year old male has complained of low back pain since date of injury 1/1/91. He has been treated with surgery, physical therapy and medications. The current request is for continuous positive airway pressure (CPAP) supplies to be replaced every 3 months. The available medical records do not contain adequate supportive documentation of the diagnosis of obstructive sleep apnea necessitating use of CPAP. On the basis of the available medical records and per the guidelines cited above, continuous positive airway pressure (CPAP) supplies to be replaced every 3 months is not medically necessary.

Adjustable mattress: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

Decision rationale: This 56 year old male has complained of low back pain since date of injury 1/1/91. He has been treated with surgery, physical therapy and medications. The current request is for an adjustable mattress. Per the ODG guidelines cited above, there is no quality evidence that supports the purchase and use of any bedding or mattress for the treatment of low back pain. On the basis of the available medical documentation and above cited guidelines, an adjustable mattress is not medically necessary.

Andro gel: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www. drugs. com/androgel](http://www.drugs.com/androgel).

Decision rationale: This 56 year old male has complained of low back pain since date of injury 1/1/91. He has been treated with surgery, physical therapy and medications. The current request is for Androgel. Androgel is used to treat low testosterone levels in men. The available medical records do not contain adequate documentation of low testosterone levels or adequate documentation of the signs and symptoms of low testosterone. On the basis of the available medical records and per the guidelines cited above, Androgel is not medically necessary.

