

Case Number:	CM15-0039423		
Date Assigned:	03/09/2015	Date of Injury:	11/20/1988
Decision Date:	05/14/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 injured worker is a 53-year-old male who reported injury on 11/20/1988. The mechanism of injury was not provided. The injured worker underwent an intrathecal opiate pump placement on 02/18/2015. There was a request for biologic hormone replacement on 01/23/2015 for the diagnosis of complete paraplegia and hypogonadism. The documentation of 01/10/2015 revealed the injured worker was being treated for testosterone deficiency. The injured worker sustained a spinal cord injury related to a motorcycle accident. The physician indicated it was his opinion that the injured worker's testosterone deficiency was a direct result of the spinal cord injury; and testosterone and other likely biological identical hormone therapy would be necessary in the future. The office note was handwritten and dated 01/08/2015. It was difficult to read. The documentation indicated the injured worker was wheelchair bound. The laboratory studies included the injured worker's testosterone level was 133, and IGF-1 was 49, and SHBG was 24, TSH was 1.348. Estradiol was not noted. The treatment plan included andropause/depression, testosterone, increased adipose tissue, IGF-1:49, start bioidentical testosterone 200 mg/mL 0.12 mL subcutaneous daily, and start IV nutraceuticals anti aging cocktail weekly, and consider Sermorelin for increased lean muscle tissue and decreased adipose. Additionally, the treatment plan was for physical therapy and chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone Cyplonate 200mg/ml 0.12mL IM #10 ml per 8-10 weeks: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule guidelines indicate that Testosterone replacement for hypogonadism is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. The clinical documentation submitted for review indicated the injured worker had a low testosterone level. This request would be supported. However, there was a lack of documentation indicating the duration for the request. Given the above, the request for Testosterone Cyplonate 200mg/ml 0.12mL IM #10 ml per 8-10 weeks is not medically necessary.

DHEA/pregnenolone 50/50 #30 pills per month: Upheld

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

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

Decision rationale: California Medical Treatment Utilization Schedule guidelines indicate that Testosterone replacement for hypogonadism is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. The clinical documentation submitted for review indicated the injured worker had a low testosterone level. This request would be supported. However, there was a lack of documentation indicating the duration for the request. Given the above, the request for DHEA/pregnenolone 50/50 #30 pills per month is not medically necessary.

Anastrozole 0.25mg #30 pills per 2 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 website: <http://www.drugs.com/cdi/anastrozole.html>.

Decision rationale: Per drugs.com, anastrozole is used for treating certain types of breast cancer in women who have been through menopause. It is an aromatase inhibitor. It works by lowering blood estradiol concentrations, which may decrease the size and growth of tumors. The clinical documentation submitted for review indicated the request was made to increase lean muscle tissue and decrease adipose tissue. However, this request would not be supported, as it is utilized

for women. There was a lack of documentation of exceptional factors and there was a lack of documentation indicating the injured worker had a failure to respond to other treatment. The request as submitted failed to indicate the duration for the requested medication. Given the above, the request for Anastrozole 0.25mg #30 pills per months is not medically necessary.

1 Sermorelin with GHRP 2+ 6 0.20ml SC #10 ml per 4-6 weeks: 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 website: <http://www.drugs.com/cdi/sermorelin-acetate.html>.

Decision rationale: Per drugs.com, Sermorelin is utilized for diagnosing and treating growth hormone deficiency in children. It is a growth hormone releasing antagonist. There was a lack of documentation indicating a necessity for Sermorelin. The request as submitted failed to indicate the duration for the request. Given the above, the request for 1 Sermorelin with GHRP 2+ 6 0.20ml SC #10 ml per 4-6 weeks is not medically necessary.