MAXIMUS Federal Services

Case Number:	CM15-0093736		
Date Assigned:	05/20/2015	Date of Injury:	12/14/2008
Decision Date:	06/25/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/15/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [redacted] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of December 14, 2008. In a Utilization Review report dated April 27, 2015, the claims administrator failed to approve a request for AndroGel. The claims administrator referenced an order form dated April 21, 2015. Despite the fact that the MTUS addresses the topic, the claims administrator nevertheless invoked non-MTUS ODG Guidelines in its determination. The applicant's attorney subsequently appealed. A serum testosterone level of February 29, 2010 was apparently low at 1.96, it was suggested. In a progress note dated April 21, 2015, the applicant reported ongoing complaints of low back pain radiating into left leg with derivative complaints of insomnia. The applicant was given operating diagnosis of chronic low back pain status post earlier failed lumbar spine surgery. A spinal cord stimulator had likewise proven unsuccessful and had been removed, it was acknowledged. The applicant's medications include MS Contin, oxycodone, AndroGel, Soma, Xanax, Desyrel, and flurazepam, it was acknowledged. The applicant was deemed 'disabled." Laboratory testing to include a PSA and total testosterone were sought while AndroGel was apparently continued. There was no mention of what (if any) symptoms or signs of hypogonadism the applicant was or was not experiencing. AndroGel was also endorsed via a RFA form of the same date, April 21, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Andro gel 1.62% #1 bottle prescribed 4/21/15: 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), pain chapter, Testosterone replacement for hypogonadism.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids); Functional Restoration Approach to Chronic Pain Management Page(s): 110; 7.

Decision rationale: No, the request for AndroGel, a form of supplemental testosterone, was not medically necessary, medically appropriate, or indicated here. While page 110 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that testosterone replacement or hypogonadism is recommended in limited circumstances for applicants taking high-dose, long-term opioids with documented low testosterone levels, here, however, no recent laboratory studies were on file so as to establish the presence of residual opioid-induced hypogonadism. While the attending provider did reference historical laboratory testing of September 2010 apparently establishing low serum testosterone levels, said testing results did not appear did not appear to have been reported using standard laboratory reference ranges. Page 110 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that symptoms or signs of hypogonadism can include gynecomastia. Here, there was no mention of precisely what signs and/or symptoms of hypogonadism the applicant had exhibited. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the attending provider did not state whether or not longstanding, long-term usage of AndroGel had or had not proven successful here, either clinically or serologically. The April 21, 2015 progress note did not state how (or if) ongoing usage of AndroGel had or had not benefited the applicant. Therefore, the request was not medically necessary.