

Case Number:	CM15-0094021		
Date Assigned:	05/20/2015	Date of Injury:	07/07/2005
Decision Date:	06/24/2015	UR Denial Date:	04/21/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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, with a reported date of injury of 07/07/2005. The diagnoses include hypogonadism with erectile dysfunction. Treatments to date have included oral medication. The progress report dated 04/16/2015 is handwritten and somewhat illegible. The report indicates that the injured worker was no longer under the care of a pain management specialist. It was noted that his depression had greatly worsened. Low testosterone level is decreasing the injured worker's energy and fostering weight gain. It was very hard for him to get around. The objective findings include a depressive affect and tenderness to palpation of the epigastric abdomen. The treating physician requested Andros gel 1.62%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Andros Gel 1.62%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AndroGel 1%. (<http://www.rxlist.com/androgel-drug/indications-dosage.htm>).

Decision rationale: Andros Gel 1% is an androgen indicated for replacement therapy in adult males for conditions associated with a deficiency or absence of endogenous testosterone. There is no documentation that the patient developed hypogonadism. Therefore, the prescription for Andros Gel 1.62% is not medically necessary.