

Case Number:	CM13-0009611		
Date Assigned:	03/10/2014	Date of Injury:	11/23/1992
Decision Date:	04/04/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/15/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 53 year-old male who was injured on 11/23/1992. He has been diagnosed with hypotestosteronism; chronic pain syndrome hypertension; peripheral neuropathy; chronic opioid use for back pain, anxiety; depression; nail dematophytosis; constipation; hemorrhoids and dry eyes. On the 6/11/13 report, the physician states that the patient is continuing to request labs including testosterone, LH, FSH, PSA, estradiol and TSH. The report shows that prior laboratory testing was performed on 4/5/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LAB TEST FOR THE LOW BACK AS AN OUTPATIENT INCLUDING TOTAL TESTOSTERONE, LUTEINIZING HORMONE (LH), FOLLICLE STIMULATING HORMONE (FSH), ESTRADIOL, THYROID STIMULATING HORMONE (TSH) BETWEEN 7/9/2013 AND 8/23/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Broadspire Medical Advisory: Testosterone replacement therapy in opioid users; and Endocrine society clinical practice guidelines 2010: Testosterone therapy in Adult Men with Androgen Deficiency Syndromes

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-111.

Decision rationale: The patient presents with low back pain/chronic pain syndrome. The requested lab studies include testosterone, LH, FSH, estradiol, and TSH in a 53 year-old male patient. A 6/11/13 report from [REDACTED] was provided for review with prior labs reported on 4/5/13 and 5/20/13. The Chronic Pain Medical Treatment Guidelines state that routine testing of testosterone levels in men taking opioids is not recommended. The guidelines also state that testing is indicated if they are taking opioids and exhibit symptoms or signs of hypogonadism, such as gynecomastia. This patient is not reported to have symptoms or signs of hypogonadism. This appears to be routine testing that the physician performs on a monthly basis and there is no rationale provided for any of the other laboratory studies requested. Therefore, the requested outpatient laboratory testing is not medically necessary or appropriate at this time.