

<b>Case Number:</b>	CM13-0032346		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/24/2000
<b>Decision Date:</b>	01/29/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/07/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine 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 physician 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.

### 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 patient is a represented [REDACTED] employee who has filed a claim for chronic low back and left knee pain reportedly associated with an industrial injury of March 24, 2000. Thus far, the patient has been treated with the following: Analgesic medications; prior lumbar laminectomy; transfer of care to and from various providers in various specialties; long and short acting opioids; spinal cord stimulator implant; and the apparent imposition of permanent work restrictions. The patient has returned to work with permanent restrictions in place, it is incidentally noted. In a utilization review report of September 17, 2013, the claims administrator denied a request for Valium and testosterone while approving request for Norco and Morphine. The applicant's attorney subsequently appealed. An earlier note of June 12, 2013 is notable for comments that the patient is using testosterone gel. The pain medications are helping the applicant to decrease pain and improve functional status. The applicant is presently on Neurontin, Valium, Rozerem, Provigil, Ambien, Colace, Senna, Wellbutrin, Zantac, testosterone, morphine, and Norco. He is working part time four days a week, 32 hours a week, with limitations in place. A later note of November 27, 2013 is notable for comments that the applicant had prior laboratory testing of September 16, 2011 documenting low serum testosterone of 169. It is stated that the applicant is unlikely to obtain repeat testosterone values.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Valium 5mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** As noted on page 24 of the MTUS Chronic Pain Medical Treatment Guidelines, benzodiazepines such as Valium are not recommended for chronic or long-term use purposes. In this case, the patient is using numerous other more appropriate treatments, including antidepressants and analgesics. Adding Valium, a benzodiazepine, to the mix is not indicated. Therefore, the request is not certified.

**One prescription of Testim 1% (50mg) gel mg/5 gram (1%) #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** As noted on page 110 of the MTUS Chronic Pain Medical Treatment Guidelines, supplement testosterone is recommended in those individuals with laboratory confirmed hypogonadism who are using opioid chronically. The applicant is such an individual who is using opioids chronically and does have laboratory confirmed hypogonadism, admittedly several years earlier. On balance, continuing the same, however, is indicated and appropriate. As suggested by the attending provider, the applicant has responded favorably to introduction of testosterone. Continuing the same given his history of laboratory confirmed hypogonadism is therefore indicated. Accordingly, the request is certified as written.