

Case Number:	CM13-0036288		
Date Assigned:	12/13/2013	Date of Injury:	08/29/2011
Decision Date:	02/04/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/18/2013

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 Internal Medicine and is licensed to practice in Rhode Island. 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. 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:

The beneficiary has an injury date of August 29, 2011. The request is for October 8, 13-November 22, 2013. The beneficiary has chronic low back pain secondary to degenerative joint disease (DJD) in the L5-S1 area. He is chronically on oxycodone and Oxycontin. The beneficiary has some symptoms of fatigue and lack of sexual interest. The testosterone level on April 22, 2013 is 300. The patient requests one vial of testosterone of 200mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

prospective request for one (1) Vial of Testosterone Enanthate 200mg, between October 8, 13 November 22, 2013: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bhasin S, Cunningham GR, Hayes FJ, et al. Testosterone therapy in men with androgen deficiency syndromes: an Endocrine Society clinical practice guideline. J Clin Endocrinol Metab 2010; 95:2536.

Decision rationale: The beneficiary has chronic pain management with the use of opioids. Selected set of these patients may need testosterone supplementation. The patient did not

demonstrate clinical evidence for hypogonadism with significantly abnormally low testosterone levels on three separate occasions to make the diagnosis of testosterone deficiency to warrant use of supplemental testosterone. The beneficiary's level is 300 (within normal range) and clinically his history and exam do not support clinical hypogonadism. The use of testosterone therapy is not medically necessary; therefore the prospective request for one (1) Vial of Testosterone Enanthate 200mg, between October 8, 13 November 22, 2013, is not medically necessary and appropriate.