

<b>Case Number:</b>	CM13-0042415		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	12/01/2010
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/17/2013

### 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 Geriatrics and is licensed to practice in New York. 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:

The injured worker is a 47 year old man with a date of injury of 12/1/10. He was seen by his primary treating physician on 8/27/13 with complaints of ongoing shoulder and cervical / neck pain. His medications included Cymbalta, Naprosyn and Viodin. His physical exam was normal other than musculoskeletal and spine exam. There is no note of thyroid abnormality on exam and no genital exam. He had decreased range of motion and pain in his left shoulder and an abnormal Tinell's test. He had pain in his neck / facet capsules and a positive Spurling's maneuver. His diagnoses were chronic cervical spine pain, cervicogenic migraine like headaches, and intraarticular shoulder injury status post two surgeries. As part of his treatment plan, labs were requested which are at issue in this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TESTOSTERONE FREE AND TOTAL AM, TSH, AND HGA1C (LABORATORY SERVICES):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects..

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Diagnosis Of And Screening For Hypothyroidism In Nonpregnant Adults, Screening For Type 2 Diabetes Mellitus.

**Decision rationale:** This injured worker has a history of chronic neck and shoulder pain and is taking several medications including opioids. He had no thyroid, diabetes or hypogonadism symptoms documented. There were no historical or exam findings suggestive of thyroid disease, gynecomastia, diabetes or low testosterone. Per the California MTUS, hypogonadism has been noted in patients receiving intrathecal opioids and long-term high dose opioids. Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia. In this injured worker, the medical records do not substantiate the needs for screening testosterone, thyroid and hemoglobin A1C laboratory studies.