

<b>Case Number:</b>	CM13-0042850		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/02/2004
<b>Decision Date:</b>	02/21/2014	<b>UR Denial Date:</b>	10/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 & Cardiology, is Fellowship trained in Cardiovascular Disease, and is licensed to practice in Texas. 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 patient is a 55-year-old male who reported an injury on 04/02/2004. The mechanism of injury was stated to be a slip and fall. Per the PR2 dated 09/19/2013, the patient was noted to be receiving testosterone injectables and the patient was noted to have a much improved energy and outlook. The request was made for testosterone injections every week. The patient's medications were noted to include Duragesic patches. The patient's diagnoses were noted to be depression and anxiety due to chronic pain and low back pain as well as mid back pain. The request was made for a testosterone level as well as testosterone injections 200 mg every week.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Testosterone injections 200mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 110-111.

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

**Decision rationale:** The California MTUS Guidelines indicate that testosterone replacement for hypogonadism related to opioids is recommended in limited circumstances for patients taking

high dose long-term opioids with documented low testosterone levels. The clinical documentation submitted for review failed to provide the patient's testosterone level to support the physician's indication the patient had low testosterone levels. Additionally, there was a lack of documentation indicating the duration of care for testosterone injections. Given the above, and the lack of documentation, the request for testosterone injections 200mg every week is not medically necessary.