

Case Number:	CM13-0052045		
Date Assigned:	12/27/2013	Date of Injury:	06/02/1997
Decision Date:	04/28/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/15/2013

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 Preventive 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 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:

According to the records made available for review, this is a 53-year-old male with a 6/2/97 date of injury. At the time (9/26/13) of request for authorization for testosterone topical 50mg for thoracic and cervical spine and shoulder, there is documentation of subjective (cervical and shoulder pain) and objective (tenderness to paracervical and facet capsule and reduced cervical spine range of motion) findings, current diagnoses (chronic neck pain with cervical radiculopathy, and status post cervical fusion), and treatment to date (medications (including ongoing treatment with opioids, fentanyl, Lidoderm patch, and testosterone topical) and chiropractic treatment). Medical report identifies guidelines and criteria for testosterone replacement. There is no documentation of low testosterone levels. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of testosterone topical use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

TESTOSTERONE TOPICAL 50MG SL FOR THORACIC AND CERVICAL SPINE AND SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman And Gillmans The Pharmacological Basis Of Therapeutics, 11th Ed.

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of high-dose long-term opioids and low testosterone levels, as criteria necessary to support the medical necessity of testosterone replacement therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic neck pain with cervical radiculopathy, and status post cervical fusion. In addition, there is documentation of ongoing treatment with opioids and testosterone topical. However, there is no documentation of low testosterone levels. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of testosterone topical use to date. Therefore, based on guidelines and a review of the evidence, the request for testosterone topical 50mg for thoracic and cervical spine and shoulder is not medically necessary.