

<b>Case Number:</b>	CM13-0057247		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/21/2007
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	10/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 Internal Medicine and Pulmonary Diseases, 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:

The injured worker is a 61 year old male who reported an injury on 7/21/07. The mechanism of injury was not provided for review. Per the 9/11/13 clinical note, the injured worker was evaluated for erectile dysfunction and hypogonadism. The diagnoses included erectile dysfunction, hypogonadism with decreased libido, diabetes mellitus, depression, hypertension, and obesity. The injured worker reported a trial of Testim gel improved his energy and sense of well-being; a trial of Levitra improved his erectile dysfunction. The injured worker was recommended for a Testopel implant. The request for authorization form was not present in the medical record.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TESTOPEL IMPLANTS/PELLETS,10-12 PELLETS(75MG/PELLET): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.ncbi.nlm.gov/pubmed/19796052](http://www.ncbi.nlm.gov/pubmed/19796052).

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

**Decision rationale:** The California MTUS guidelines recommend testosterone replacement in limited circumstances for patients taking high-dose long-term opioids with documented low

testosterone levels. The medical records provided do not indicate the injured worker was taking any opioids. Per the 4/15/13 laboratory results, the injured worker's testosterone levels were within normal range. As such, the request is not medically necessary.