

Case Number:	CM13-0058746		
Date Assigned:	12/30/2013	Date of Injury:	05/26/2004
Decision Date:	04/04/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/27/2013

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 59-year-old male who reported an injury on 09/10/1954. The mechanism of injury was not submitted. The patient was diagnosed with testicular hypofunction, long-term medication use, and lumbosacral neuritis. The patient had tenderness to palpation over the right lumbar facets, left lumbar facets, right thoracic facets, and left thoracic facets. Flexion was 80 degrees and extension was 10 degrees of the lumbar spine. There was pain with extension and forward flexion. The patient reported he was doing better since hormone replacement had been started. The patient reported he no longer had daily leg pain and was more active. The patient reported his pain level at 2/10 to 3/10. The patient was also being treated with Avinza 90 mg and Norco 10/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone Cypionate 100 gm/ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Pag.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids), Page(s): 110-111.

Decision rationale: CA MTUS states testosterone replacement for hypogonadism (related to opiates) is recommended in limited circumstances for patients taking high dose long-term opiates with documented low testosterone levels. Routine testing of testosterone levels in men taking opiates is not recommended; however, an endocrine evaluation and/or testosterone level should be considered in men who are taking long-term, high dose oral opiates or intrathecal opiates and who exhibit symptoms or signs of hypogonadism. The patient was prescribed testosterone medication. However, no clinical documentation was submitted for review indicating the patient's testosterone level as recommended by the guidelines. Given the lack of documentation to support guideline criteria, the request is non-certified.