

Case Number:	CM13-0062192		
Date Assigned:	04/30/2014	Date of Injury:	06/02/1997
Decision Date:	06/12/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/06/2013

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 Physical Medicine & Rehabilitation 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 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 53-year-old male who reported an injury on 06/02/1997. The mechanism of injury was not specifically stated. Current diagnoses include chronic neck pain with cervical radiculopathy, cervical disc disease, and midthoracic pain. The injured worker was evaluated on 10/31/2013. The injured worker reported cervical pain with stiffness, numbness and tingling in the left upper extremity as well as headaches. The injured worker also reported knee pain, shoulder pain, thoracic and low back pain. Current medications include testosterone topical 50 mg SL. Physical examination revealed diminished strength in the upper extremities, tenderness to the paracervical and facet capsules on deep palpation, painful range of motion of the cervical spine, tenderness of the occipital and lumbar paraspinal muscles, trigger points, and obvious findings for facet capsular tears and severe discopathy of the cervical spine. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

TESTOSTERONE TOPICAL, 50MG SL TAB COMPOUND, DISSOLVE 1 TAB SL OD #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend testosterone replacement in limited circumstances for patients taking high dose long term opioids with documented low testosterone levels. As per the documentation submitted, the injured worker has utilized testosterone topical 50 mg SL compound for an unknown duration. However, the levels of testosterone are not specified, and alternative causes of hypogonadism have not been addressed to substantiate the clear causal relationship of this medication to the injured worker's opioid regimen. The current request is therefore not medically necessary and appropriate.