

Case Number:	CM14-0001665		
Date Assigned:	01/17/2014	Date of Injury:	08/11/1995
Decision Date:	06/16/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/24/2013

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 is licensed to practice in California, 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 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 patient is a 60-year-old who was injured on August 11, 1995 from continuous walking as a security guard. Prior treatment history has included the patient undergoing left hip arthroplasty on February 22, 2010. He has undergone lumbar fusion surgery and epidural injections. He has used a back brace, been through chiropractic treatment, acupuncture, facet injections, and radiofrequency ablations. He has been given HEP, walking in a pool and utilizing Jacuzzi at the gym and medications. He does use a cane to ambulate. His medications include Nabumetone-Relafen 500 mg; Pantoprazole-Protonix; cyclobenzaprine-Flexeril; OxyContin 80 mg; Venlafaxine ER 37.5 mg; Norco 10-325 mg; Soma 350 mg; Norvasc 10 mg; Triamterene/HCTZ 75/50 mg; and Serzone 200 mg. Diagnostic studies reviewed include a serum check revealing a low level of testosterone on June 20, 2013. Progress note dated December 4, 2013 documented the patient with complaints of low back and right lower extremity pain. He is using a cane for ambulation and balance. He notes that he was benefitting from the gym membership and he is very upset that it has been denied. He notes that his pain is aggravated with prolonged sitting and walking. His last lumbar epidural steroid injection performed on September 24, 2013, which reduced his pain by over 50%. He is starting to have some cramping in his calf and leg but still is tolerating it well. He reports his pain 5/10 on VAS (visual analog scale) pain scale today with medications. He notes that medications do help him with pain. He is requesting higher doses of OxyContin or addition of Norco and Soma as his pain has been elevated. He also inquires about trialing Valium. Objective findings on exam reveal the patient uses a cane. He has normal lordosis with no deformity. DTRs are symmetrical bilaterally to the patella and Achilles. There is no clonus. Lumbar extension was measures 10 degrees, flexion 40 degrees. Straight leg raise is negative. Spasm and guarding is noted. UR report dated December 17, 2013 denied the request

for Lab work-Free and Bound Morning Testosterone Levels because the request appears to be for routine testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

LABWORK-FREE AND BOUND MORNING TESTOSTERONE LEVELS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TESTOSTERONE REPLACEMENT FOR HYPOGONADISM (RELATED TO OPIOIDS) Page(s): 110.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia. According to the referenced medical literature, Testosterone testing is used to diagnose several conditions in men, women, girls, and boys. The medical records do not establish the patient exhibits any signs or symptoms, such as gynecomastia, that support the request for testing. The medical records do not document any current subjective complaints nor corroborative clinical examination findings that support the request. In addition, it is not documented how the results of this study is expected to impact or change this patient's course of care. It appears the requested lab study is merely for routine assessment. The request for labwork-free and bound morning testosterone levels is not medically necessary or appropriate.