

Case Number:	CM14-0001761		
Date Assigned:	01/22/2014	Date of Injury:	03/07/2005
Decision Date:	04/02/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/02/2014

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 Family Medicine, and is licensed to practice in Arizona. 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:

Patient is a 58 year old male with a date of injury on 03/07/2005. Patient has been having ongoing symptoms related to his low back. Subjective complaints are of low back pain with numbness and throbbing. Physical exam shows painful buttock bilaterally, with decreased range of motion. There is decreased sensation at right L5-S1 distribution. Bilateral hips have limited extension and decreased strength. Medications include, Norco, Soma, Ambien CR, Exalgo, and Effexor XR. Clinical notes indicate that patient's testosterone is low again, and patient had been getting replacement through another physician. Patient has history of low testosterone and is evidenced by included laboratory values.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to [REDACTED] to evaluate and treat Hypotestosteronemia:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Pain Procedure Summary updated 10/14/2013

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Testosterone Replacement

Decision rationale: The ODG recommends testosterone in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. 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. This patient has laboratory evidence of low testosterone and has previously undergone treatment. The patient meets ODG criteria, as he is taking high dose long-term opioids and has documented low testosterone. The request for evaluation for testosterone therapy is medical necessary.