

<b>Case Number:</b>	CM14-0002273		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	06/27/2001
<b>Decision Date:</b>	10/09/2014	<b>UR Denial Date:</b>	01/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Orthopaedic Surgery and is licensed to practice in Nevada. 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 claimant is a 53-year-old male who was injured on June 27, 2001. The claimant is documented as being status post C5-6 fusion in 1994 with additional surgeries in 1997 and 1999. A lumbar laminectomy is reserved performed, and an intrathecal pain pump was placed in 2002. A progress note from February 4, 2014 documents the claimant returns with continued low back pain. The clinician performs no examination of the genitalia or references any labs and recommends refill of AndroGel. This note also indicates that the claimant utilizes approximately 350 mg of oxycodone daily. The note from January 29, 2014 indicates that the claimant's daily MED is approximately 570-580mg. This note indicates that the claimant has evidence of opioid induced hypogonadism recommends continuation of the gel and reevaluation six months. The review in question was rendered on January 2, 2014. The reviewer noncertified request for Androgel testosterone replacement. The reviewer indicates that the testosterone level is clearly abnormally low, but a workup to identify the cause of the low testosterone has not been performed. The reviewer indicates that the diagnosis of opioid induced testosterone deficiency is a diagnosis of exclusion and the dosage of the opiate medications was not provided for the review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Androgel Testosterone Replacement Therapies:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Testosterone Replacement Page(s): 110-111.

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

**Decision rationale:** The MTUS supports the use of testosterone supplements for individuals taking high-dose long-term opioids with documented low testosterone levels. The MTUS does not note that further testing is required. Given the findings on examination, this request is medically necessary.