

<b>Case Number:</b>	CM14-0003542		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	03/28/2007
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/09/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 49-year-old male with a date of injury of 03/28/2007. The listed diagnoses per [REDACTED] are: 1. Prostate cancer, status post radical retropubic prostatectomy in 2007. 2. Erectile dysfunction. 3. Urinary incontinence. 4. Low libido. 5. High blood pressure. 6. Hypogonadism 7. Chronic orthopedic pain. 8. Cervical and lumbar radiculopathy. 9. Depression and anxiety. According to a progress report dated 11/14/2013, the patient underwent prostatectomy in July 2007 after being diagnosed with prostate cancer in March of 2007. The patient has had multiple complications thus far including bilateral pulmonary emboli, erectile dysfunction, and urinary incontinence. The patient has been treated with intramuscular testosterone for his low libido and hypogonadism. The treating physician is requesting intramuscular testosterone 200 mg every 2 weeks. Utilization Review denied the request on 12/09/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IM Testosterone 200 mg every 2 weeks:** Overturned

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

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

**Decision rationale:** This patient presents with sexual dysfunction and bladder dysfunction as a result of his prostatectomy for his prostate cancer. He also has a diagnosis of Hypogonadism. The treating physician is requesting intramuscular testosterone injections 200 mg every 2 weeks. The ACOEM and MTUS Guidelines do not discuss testosterone injections. ODG Guidelines under the pain chapter has the following regarding testosterone replacement for hypogonadism, "recommended in limited circumstances for the patients taking high-dose long-term opioids with documented low testosterone levels." In this case, the treating physician documents the patient's testosterone levels, which remains at a satisfactory level only with the 2-week interval testosterone IM injections. Treater provides accounts of exams, blood test, and testosterone levels which are being monitored with these injections. This request is medically necessary.