MAXIMUS Federal Services

Case Number:	CM14-0101242		
Date Assigned:	09/24/2014	Date of Injury:	08/14/2008
Decision Date:	10/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/01/2014

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 Family Medicine 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:

This is a 50-year-old male patient who reported an industrial injury to the back on 8/14/2008, over six (6) years ago, attributed to the performance of his usual and customary job tasks. The patient complains of ongoing low back pain postoperatively. The patient is noted to be status post L4-L5 discectomy during January 2009; status post L4-L5 and L5-S1 anterior lumbar interbody fusion 11/4/2010; status post L4-L5 and L5-S1 bilaterally vision decompression. The patient complains of continued low back pain rated as 3/10 with the use of opioids and AED medications. The patient reports ED symptoms. The objective findings on examination included antalgic gait; diminished range of motion of the lumbar spine; tight muscle band; five minus/5 EHL on the right; light touch sensation is decreased medial foot on the right; hyperesthesia present on the right heel and lateral foot left side; absent right Achilles reflex. The patient is being treated for the diagnoses of mood disorder; lumbar radiculopathy; and lumbar spondylosis. The patient was noted to have prior serum testosterone levels in the past that were demonstrated to be normal. The current treatment plan includes a serum free and total testosterone level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Free and Total Testosterone Levels: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-306,Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids Other Medical Treatment Guideline or Medical Evidence: Endocrine Society clinical practice guideline-testosterone therapy in adult men with androgen deficiency syndromes American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004) chapter 6 pages 114-16

Decision rationale: The patient is demonstrated to have been placed on chronic opioid therapy and is at risk of hypogonadism attributed to low testosterone levels induced by opioid therapy; however, the patient is not documented to have any objective findings on examination consistent with hypogonadism. There are no documented subjective complaints. The patient is noted to take opioids of 40 MEDs per day. There is no demonstrated objective evidence that the short acting opioids have induced hypogonadism. The patient was noted to have had a prior evaluation for free and total testosterone, which was noted to be normal. The requested hormone study as a screening test to rule out hypogonadism based on the possibility of hypogonadism from chronic opioid use. The patient however is not demonstrated to be on high dose opioids. There is no objective evidence that the patient has hypogonadism or requires an evaluation of a testosterone level or LH/FHS levels.The request for the hormone study is not based on objective findings on examination but due to the possibility of hypogonadism based on chronic ongoing opioid therapy, and as such, is a screening examination. There is no rationale supported with objective evidence by the treating physician to support the medical necessity of the requested hormone study.There is no objective evidence that the patient has hypogonadism due to the prescription of opioids. The requested testing is a screening test. There is no demonstrated medical necessity for the ongoing prolonged opioid therapy. The medical literature has reported that the use of topical testosterone has lead to a significant increase in heart disease; coronary artery disease; and CVAs. Attorneys have initiated class action suits against the manufactures based on the manufacture of topical agents that lead to increased heart disease and strokes. There is no demonstrated medical necessity for the provision of topical testosterone for ED as topical testosterone may act to improve desire; it has no demonstrated effect for ED.Recent medical literature indicates that the use of topical testosterone has led to an increase in coronary artery disease; heart disease; and strokes. The newer precautions directed to the use of topical steroid applications suggest that there is no medical necessity for the provision of topical testosterone for the treatment of ongoing opioid therapy. If the patient has opioid, induced hypogonadism should be titrated down and off chronic opioids consistent with evidence-based guidelines.There is no demonstrated medical necessity for the prescribed repeated free and total testosterone levels for the treatment of the diagnosed chronic low back pain.