

Case Number:	CM14-0135220		
Date Assigned:	08/27/2014	Date of Injury:	05/16/2001
Decision Date:	09/22/2014	UR Denial Date:	06/21/2014
Priority:	Standard	Application Received:	07/21/2014

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 Internal Medicine and is licensed to practice in New York. 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 on 05/16/2001. He has failed back surgery syndrome and is treated with opiates and a spinal cord stimulator. He has a history of urethral stricture, hypogonadism secondary to chronic pain medication and erectile dysfunction. He has received chronic care for hypogonadism secondary to chronic pain medication with AndroGel 1.62% 2 pumps daily and has had his testosterone monitored on that treatment. The requested repeat testosterone level was denied on 03/18/2014. The testosterone level was 557 and normal. On 06/24/2014 his urologist noted that he had urethral stricture leading to an overactive bladder that was improved on Vesicare and low testosterone, doing well with AndroGel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum testosterone laboratory test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids). Decision based on Non-MTUS Citation Medical Services Commission. Testosterone testing protocol. Victoria (BC): British Columbia Medical Services Commission; 2011 Jun 1. 4 p.

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

based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:
Harrison's Principles of Internal Medicine, 18th Edition, 2011.

Decision rationale: The patient had severe back pain since 2001 and has been on chronic opiates. He had low testosterone levels probably related to chronic opiates - opiate induced low testosterone levels. This has been treated with AndroGel. The MTUS chronic pain low testosterone from opiates section discusses the condition and that it is treated with testosterone but does not state the frequency of testosterone testing. Clearly if there has been no change in opiates, AndroGel dose and he previously had normal testosterone levels recurrent testing of the testosterone level is not medically necessary. The dose of AndroGel has not changed and has been more than sufficient to maintain normal levels of testosterone. Without any change in the patients pharmacology (renal function, liver function, etc) there is no reason for recurrent testosterone testing to ascertain if the testosterone levels are high enough on the same dose of AndroGel. His erectile dysfunction has been treated with Cialis and is not related to opiates. He continues on the same dose of Cialis. This request is not medically necessary.