

<b>Case Number:</b>	CM14-0151347		
<b>Date Assigned:</b>	10/09/2014	<b>Date of Injury:</b>	06/02/1997
<b>Decision Date:</b>	11/10/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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 Practice 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 54-year-old male claimant sustained a work injury involving the neck and upper extremities. He was diagnosed with cervical radiculopathy and had undergone numerous surgical procedures including a discectomy, fusions and hardware removal. He also had right shoulder impingement syndrome and had undergone surgery for this as well. Other diagnoses include epicondylitis, bilateral carpal tunnel syndrome, posttraumatic conversion and degenerative arthritis of the left knee. A progress note on September 2, 2014 indicated he had continued back pain and upper extremity radicular symptoms. At the time he was taking Nortriptyline, topical Lidoderm, Fentanyl patches and Topical testosterone. Exam findings were notable for tenderness in the paracervical and facet regions with decreased range of motion. There was also tenderness to palpation in the lumbar and occipital paraspinal muscles triggering headaches and palpation. The claimant remained on the above medications including 1 sublingual testosterone 50 milligrams daily.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**4 Testosterone 50mg, SL tab CMPD, dissolve 1 once a day #30 with 3 refills, outpatient for chronic neck, lumbar, shoulder and knee pain: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG Guidelines

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170-180, Chronic Pain Treatment Guidelines opioids Page(s): 82-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Testosterone replacement

**Decision rationale:** The guidelines do not comment on the use of Testosterone for chronic neck, back or shoulder pain. There is lack of evidence to support the use of testosterone for pain in the regions. According to the California Medical Treatment Utilization Schedule (MTUS) guidelines, chronic opioids can result in hypogonadism. In this case the claimant had been using chronic opioids. There was no mention however of low Testosterone levels requiring supplementation. The claimant has been on testosterone for several months without indication of levels for continued use. The request for Testosterone is not medically necessary.