

<b>Case Number:</b>	CM14-0178326		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	03/14/2003
<b>Decision Date:</b>	12/08/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 sustained an injury on 3/14/2003. He sustained an injury due to lifting a heavy item. The current diagnoses include post laminotomy pain syndrome, chronic pain syndrome, history of alcoholism, narcotic dependency, hypertension, dyspepsia, constipation and incontinence. Per the doctor's note dated 8/05/14, patient had hypertension, urinary incontinence, decreased libido, heart burn, and regurgitation and sleep disturbances. Physical examination revealed abdomen- dressing over the left abdomen, severe generalized tenderness, negative murphy sign's, epigastric tenderness and decreased bowel sound. The medication list includes naproxen, omeprazole, docusate and krystallose. He has undergone anterior/posterior lumbar fusion at L4-S1 in 2004 and hardware removal. He has had thoracic spine MRI dated 7/22/13 which revealed multilevel disc protrusions; lumbar spine MRI dated 7/22/13 which revealed multilevel disc protrusions, degenerative changes and solid post surgical interbody fusion at L4-S1. He has had EKG, trans thoracic echocardiogram which revealed decreased ejection fraction 40% and left atrial enlargement and diastolic dysfunction with valsalva maneuver. He has had physical therapy visits and weight loss program for this injury.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Testopel 75 mg per pellet quantity 10-12:** Upheld

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

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

**Decision rationale:** Testopel contains testosterone. Per the cited guidelines testosterone supplementation is "Recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Hypogonadism has been noted in patients receiving intrathecal opioids and long-term high dose opioids. Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia." The testosterone level is not specified in the records provided. A detailed history for this patient regarding symptoms related to hypogonadism is not specified in the records provided. Evidence of high dose oral opioids or intra-thecal opioids is not specified in the records provided. Signs of hypogonadism on exam, such as gynecomastia are not specified in the records provided. Therefore, based on guidelines and a review of the evidence, the request for Testopel 75 mg per pellet quantity 10-12 are not medically necessary.