

Case Number:	CM14-0048761		
Date Assigned:	06/25/2014	Date of Injury:	07/03/2001
Decision Date:	07/25/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	03/27/2014

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 Anesthesiology, has a subspecialty in Pain 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:

The injured worker is a 49 year old male who sustained injuries to his low back on 07/03/01. The mechanism of injury is not described. Records indicate that the injured worker ultimately underwent an L4-5 discectomy with a subsequent development of failed back surgery syndrome. He is followed for chronic pain management. It is noted that he is status post a spinal cord stimulator placement with subsequent removal. His current medications include Robaxin 500mg, MS Contin 30mg, Zestril 10mg, Testosterone 400mg per mL 1 mL every month, and Oxycodone 5mg. Records indicate that laboratory testing has been done for testosterone levels. These studies were not included for review. The record includes a utilization review determination dated 03/14/14. The request for 24 Testosterone Cypionate 400mg intramuscular injections two times a month was not established as medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for twenty four Testosterone Cypionate 400mg intramuscular injections two time a month.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for 24 Testosterone Cypionate 400mg intramuscular injections two times a month is not established as medically necessary. The submitted clinical records indicate that the injured worker has a failed back surgery syndrome for which he is on high dose opiates. The records reflect that laboratory testing has been performed; however, the results are not available for review. Historically, the injured worker has received one injection per month. The injured worker's response to these injections is not documented. As the record does not contain laboratory studies to assess the treatment recommendation, the medical necessity has not been established.