

<b>Case Number:</b>	CM14-0081800		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	02/03/1999
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 41-year-old male who reported an injury on 02/03/1999, caused by an unspecified mechanism. The injured worker's treatment history included TENS unit, physical therapy, medications, pain patches, chiropractic care, acupuncture treatment, cognitive behavioral therapy, lumbar epidural steroid injections. The injured worker was evaluated on 04/22/2014 and it was documented that the injured worker complained of mid back pain that radiates around the right side. The spinal cord stimulator generator was replaced and the leads were revised on 02/20/2013 with similar controls radiating rib pain but not the right thoracic back pain. The pain worsens with prolonged activity or standing. He continued to take methadone and oxycodone. These medications were non-certified. The provider noted he suffers from hypogonadism that was incorrectly coded on previous reports. He had symptom control with injectable testosterone His current pain severity was 5/10, his best, pain severity at his worst pain severity was 9/10. He described his pain as aching, burning, intense, and dull. Weakness was not associated with pain or injury. Numbness was not associated with pain or injury. Loss of bladder control was not associated with pain or injury, loss of bowel control was not associated with pain or injury. Diagnoses included degeneration thoracic intervertebral disc, myalgia and myositis unspecified, anxiety state unspecified, male hypogonadism, long-term current use of other medication, and count of therapeutic drug testing, thoracic or lumbosacral neuritis or radiculitis unspecified, displacement thoracic intervertebral disc without myelopathy, post laminectomy lumbar region failed back, and ovarian hyperfunction. Medications included methadone and testosterone cypionate. The Authorization for request dated 04/22/2014 was for testosterone cypionate 200 mg, mL IM injection once a month #10 with 3 refills for the low back injury. The rationale was for the injured worker's suffers from hypogonadism. His symptoms from hypogonadism was controlled with injectable testosterone.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Testosterone Cypionate 200 mg/ml IM injection once a month #10 with 3 refills for the low back injury:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's Desk Reference 68th Edition, Official Disability Guidelines Worker Compensation Drug Formulary.

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

**Decision rationale:** The requested is non-certified. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines state that testosterone replacement 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. If needed, testosterone replacement should be done by a physician with special knowledge in this field given the potential side effects such as hepatomas. Sexual function: Current trials of testosterone replacement in patients with documented low testosterone levels have shown a moderate no significant and inconsistent effect of testosterone on erectile function, a large effect on libido, and no significant effect on overall sexual satisfaction. The documents submitted indicated the injured worker suffered from hypogonadism, however the provider failed to submit testosterone levels for the injured worker. Additionally, the provider failed to indicate how long the injured worker has been using opioids. As such, the request for testosterone Cypionate 200mg/ml IM injection once a month # 10 with 3 refills for the low back injury is non-certified.