

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM14-0088834 |                              |            |
| <b>Date Assigned:</b> | 07/23/2014   | <b>Date of Injury:</b>       | 10/28/1998 |
| <b>Decision Date:</b> | 09/22/2014   | <b>UR Denial Date:</b>       | 05/13/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/12/2014 |

### 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 & Rehabilitation, has a subspecialty in Pain Management 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 male patient with a date of injury of October 28, 1998. A utilization review determination dated May 13, 2014 recommends non-certification of Testim 1% 10 g a day. A progress note dated April 8, 2014 identifies subjective complaints of persistent low back pain that radiates into the left lower extremity, the patient continues to do well on current medication regimen with a reduction in his pain level from an 8/10 to a 4/10, the patient states the medications allow him to remain active and functional, the patient denies any adverse side effects to the medications, and there are no aberrant behaviors. Current medications include Norco 10/325 six a day, Neurontin 800 mg b.i.d., Ambien 10 mg QHS PRN, Colace 100 mg 3 - 4 a day, Celexa one a day, Lidoderm patch one a day, and Testim 1% gel 10 grams a day. There is no physical examination documented, however there is a statement that there is no significant change in the objective findings. Diagnoses include left SI joint syndrome, lumbar fusion at L5 - S1, reactive depression due to chronic pain, erectile dysfunction due to chronic pain, and left knee pain. The treatment plan recommends continuation of Neurontin due to the patient not being able to tolerate weaning off because of increased leg pain, the patient is encouraged to continue walking for exercise, a request for an increase in testosterone from 5 g a day to 10 g a day, and a request for a repeat testosterone and PSA level because the last check was done in December. A lab report dated January 13, 2014 with a collection date of December 31, 2013 identifies a PSA level of 1.4 and a total testosterone level of 168.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Testim 1% 10g a day:** Overturned

**Claims Administrator guideline:** Decision based on MTUS 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.

**Decision rationale:** Regarding the request for Testim 1% 10gm a day, California MTUS does not address the issue. ODG cites that testosterone replacement is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Within the documentation available for review, there is documentation of a low testosterone level while using chronic opiates. The patient had a testosterone level done on 12/31/2013, which revealed a level of 168 ng/dL. As such, the currently requested Testim 1% 10gm a day is medically necessary.