

<b>Case Number:</b>	CM14-0089114		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	05/08/2001
<b>Decision Date:</b>	09/24/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/13/2014

### 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 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 67-year-old male who reported an injury on 05/08/2001. The mechanism of injury was not provided in the medical records. He is diagnosed with cervical disc degeneration, depressive disorder, lumbar disc replacement, sleep disturbance, and testicular hypofunction. His past treatments were noted to include a spinal cord stimulator, home exercises, and medications. On 01/28/2013, free and total testosterone levels were checked, indicating levels within the normal range, with a total testosterone of 376, and a free testosterone of 46.8. Upon review of these labs on 03/26/2013, the injured worker's treating provider indicated that his testosterone levels remain within the normal range, as long as he is on replacement therapy, which is secondary to low testosterone levels due to his chronic opioid use. On 05/15/2014, the injured worker presented with complaints of neck pain, headaches, low back pain, bilateral lower extremity pain, and depression. It was also noted that he was being seen for followup and regular medication management. It was noted that his current medication regimen was helping him function and decrease his pain levels. His pain was noted to be 10/10 without medications and 5/10 with medications. He was also known to have an increased ability to perform his family and home responsibilities with medication use. His medications were noted to include AndroGel, Cymbalta, hydrocodone/acetaminophen, oxymorphone, and trazodone. His treatment plan included medication refills. A specific rationale for the requested AndroGel was not provided within this note; however, previous clinical notes clearly indicated that this medication was being used for low testosterone secondary to chronic opioid use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AndroGel 1.25 gm/ 1% #150 with five (5) refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Testosterone replacement.

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

**Decision rationale:** According to the California MTUS Guidelines, testosterone replacement is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. The clinical information submitted for review indicated that the injured worker had low testosterone levels secondary to chronic opioid use. On 03/26/2013, his recent lab results were reviewed, and his provider indicated that his testosterone levels were within normal limits as long as he was on replacement therapy. However, documentation was not provided to show evidence of low testosterone levels prior to treatment with AndroGel. In addition, the documentation did not indicate whether the injured worker had reported any adverse side effects with use of this medication. In addition, testosterone levels have not been checked since 01/28/2013 to ensure proper dosage. Moreover, the frequency of use was not submitted with the request. Therefore, in the absence of documentation showing low testosterone prior to treatment with AndroGel, the absence of adverse side effects, and recent testosterone levels, as well as the frequency of the request, the request is not supported. As such, the request for AndroGel 1.25 gm/ 1% #150 with five (5) refills is not medically necessary.