

Case Number:	CM14-0095710		
Date Assigned:	07/25/2014	Date of Injury:	06/01/1998
Decision Date:	09/29/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/23/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic mid back pain, neck pain, low back pain, shoulder pain, and headaches reportedly associated with an industrial injury of June 1, 1998. In a Utilization Review Report dated June 6, 2014, the claims administrator denied a request for supplemental testosterone. The applicant's attorney subsequently appealed. On May 28, 2014, the applicant was described as using testosterone replacement therapy. The attending provider stated that the applicant's total testosterone level was 132 prior to beginning testosterone therapy, i.e., 50% less than normal. The attending provider posited that the applicant's low testosterone levels were a function of ongoing opioid usage, including ongoing Percocet usage. Trigger point injections were performed. The applicant was asked to continue testosterone therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone replacement therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism topic Page(s): 110.

Decision rationale: As noted on page 110 of the Chronic Pain Medical Treatment Guidelines, testosterone replacement for hypogonadism is recommended in applicants taking high-dose long-term opioids with documented low testosterone levels. In this case, the attending provider has posited that the applicant does, in fact, have a history of low testosterone level associated with opioid usage, laboratory confirmed. Continuing supplemental testosterone to rectify the same is therefore indicated. Accordingly, the request is medically necessary.