

Case Number:	CM13-0033225		
Date Assigned:	03/19/2014	Date of Injury:	09/25/1996
Decision Date:	01/05/2015	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/09/2013

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:

Injured worker (IW) is a male who sustained an industrial injury on 09/26/96. Diagnoses include lumbar post laminectomy syndrome and cervical post laminectomy syndrome. Office notes document complaints of intractable pain despite increasing doses of opioid pain medication. Laboratory study results, including testosterone measurements, are not documented. A request for Prescription of DC Testosterone Cream was made on September 27, 2013 by the secondary treating physician. The records per the Utilization Review are dated September 6, 2013; these records were not provided. The Utilization Review non-certified the request on September 27, 2013. The Utilization Review denial was based on the California Medical treatment utilization schedule (MTUS) guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

DC Testosterone Cream: Upheld

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

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

Decision rationale: MTUS recommends testosterone replacement therapy "...in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels." Due to lack of documented low testosterone levels per laboratory testing, medical necessity is not established for the requested testosterone cream.