

<b>Case Number:</b>	CM14-0170844		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	07/22/2008
<b>Decision Date:</b>	02/11/2015	<b>UR Denial Date:</b>	10/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2014

### 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 Rehab 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 patient is a 50 year old male with date of injury 7/22/08. The treating physician report dated 9/29/14 (31) indicates that the patient presents with pain affecting the left hand, wrist and neck with radiation to the back of the head. The physical examination findings reveal the patient continues to have CRPS pain on LUE mainly as well as some allodynia in hand and forearm. The patient's grip strength is weaker still and there is shiny atrophic appearance to this left hand. Prior treatment history includes a cervical spinal cord stimulator, and prescribed medications. Current medications include baclofen, Cymbalta, Exalgo, lactulose, methadone, Neurotin, Paxil, Percocet, Protonix, Provigil, temazepam, and triamterene-hydrochlorothiazid. The current diagnoses are: 1. Severe left upper extremity pain 2nd to CRPS I and II 2. S/P left arm injury with laceration of mid forearm with arterial and nerve laceration of ulnar side 3. Severe neuropathic pain of the LUE 4. Depression and anxiety 2nd to pain 5. Hx of failing lami implant SCS system at C spine, s/p revision 3/11 6. Poor sleep hygiene due to pain 7. Severe constipation 8. S/P IPG removal, 7/12. The utilization review report dated 10/7/14 (5) denied the request for HRT androgel 1.62% or Fortesta or testim based on a lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HRT Androgel 1.62% or Fortesta or Testim:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids).

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

**Decision rationale:** The patient presents with pain affecting left hand, wrist and neck with radiation to the back of the head. The current request is for HRT androgel 1.62% or Fortesta or testim. MTUS states the following regarding 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 dose opioids. Regarding testosterone levels, MTUS states "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 sign of hypogonadism, such as gynecomastia." In this case, the patient has been taking high-dose long term opioids, but there is no documentation of low testosterone levels in any of the reports provided. Furthermore, there is no mention that the patient shows any symptoms of hypogonadism. The request does not satisfy MTUS guidelines for testosterone replacement as outlined on page 110. The request is not medically necessary.