

<b>Case Number:</b>	CM14-0188731		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	06/24/1987
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 Internal Medicine, and is licensed to practice in Maryland. 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 employee was a 52 year old male who sustained an industrial injury on 06/24/1987 when he fell off a 20 feet ladder. He had an L5-S1 fusion in 1992. The progress note from 10/13/2014 was reviewed. Prior treatment included physical therapy, TENS unit, opioid therapy and surgery, despite which he was in pain. The request was for one testosterone level, total and free BIO. The diagnoses were chronic severe low back pain from failed lumbar fusion, with damaged discs fused at L4-5 and at L5-S1, with local scarification, epidural fibrosis, a marked amount of lumbar and thoracodorsal myofascial pain, scarification and muscle hardening, lumbosacral radiculitis, muscular spasms and myofascial pain, chronic depression and anxiety and chronic opioid therapy with testosterone depletion. He had a low testosterone level in January 2014, but he was not placed on testosterone replacement therapy. So a repeat level was being ordered to reassess. He was complaining of fairly severe fatigue, and most likely he was noted to have opiate induced hypogonadism. Pertinent subjective complaints included low back pain and cramping through his legs and his feet. His medications included Oxycontin ER and Norco. Pertinent examination findings included limited lumbar spine flexion, positive straight leg raising test and inability to toe walk.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Testosterone levels, total and free BIO:** Overturned

**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 Page(s): 110.

**Decision rationale:** The employee was a 52 year old male who sustained an industrial injury on 06/24/1987 when he fell off a 20 feet ladder. He had an L5-S1 fusion in 1992. The progress notes from 10/13/2014 was reviewed. Prior treatment included physical therapy, TENS unit, opioid therapy, The request was for one testosterone level, total and free BIO. The diagnoses were chronic severe low back pain from failed lumbar fusion, with damaged discs fused at L4-5 and at L5-S1, with local scarification, epidural fibrosis, a marked amount of lumbar and thoracodorsal myofascial pain, scarification and muscle hardening, lumbosacral radiculitis, muscular spasms and myofascial pain, chronic depression and anxiety and chronic opioid therapy with testosterone depletion. He had a low testosterone level in January 2014, but he was not placed on testosterone replacement therapy. So a repeat level was being ordered to reassess. He was complaining of fairly severe fatigue, and most likely he was noted to have opiate induced hypogonadism. Pertinent subjective complaints included low back pain and cramping through his legs and his feet. His medications included Oxycontin ER and Norco. Pertinent examination findings included limited lumbar spine flexion, positive straight leg raising test and inability to toe walk. According to MTUS, Chronic Pain Medical Treatment guidelines, hypogonadism has been noted in patients on long term high dose opioids. Routine testing of testosterone levels in men taking opioids is not recommended, but an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids and who exhibit symptoms or signs of hypogonadism. The employee had low testosterone levels in past and had ongoing fatigue. A follow up testosterone level is medically necessary and appropriate given the ongoing use of opioids and to see if replacement is medically necessary.