

Case Number:	CM14-0194253		
Date Assigned:	12/02/2014	Date of Injury:	01/29/2014
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/20/2014

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 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:

Pursuant to the progress note dated October 24, 2014, the IW complains that the Androgel 4 pumps daily was causing insomnia. The IW was asking for injectable Testosterone once per week rather than the standard monthly dosing. The IW made no mention of the neck or low back. He reports painful range of motion on the left shoulder. Current medications include Januvia 100 mg, Ibuprofen 800 mg, Saw Palmetto 500 mg, Oxybutynin 5 mg, Omeprazole 20 mg, Tramadol 50 mg, Flexeril 10 mg, Metformin 500 mg, Ketoconazole 2% cream, Hydroxyzine HCL 25 mg, Glimepiride 4 mg, AndroGel 20.25 mg/1.25 gm gel, Norco 10/325 mg, and Tylenol with codeine #4. On physical examination, the shoulder showed deformities at the left acromioclavicular (AC) joint. There was tenderness noted at the left AC joint. The left shoulder showed no atrophy. There was symmetrical posture, normal skin, and no crepitus. Treatment plan included a request for referral to medical doctor regarding left shoulder. The treating physician reduced Androgel to 2 pumps per day. The provider is requesting Testosterone Injections, per form dated October 31, 2014. In a progress note dated September 12, 2014, the provider reports that the last testosterone level was 86ng/dL and wanted to recheck in 6 weeks. The testosterone level on October 27, 2014 was 905 mg/dL (300-720).

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone Injection, per form 10/31/14 quantity 1.00: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Testosterone replacement for hypogonadism (related to opioids)

Decision rationale: Pursuant to the Official Disability Guidelines, testosterone injection #1 per form October 31, 2014 is not medically necessary. Testosterone replacement is recommended in limited circumstances for patients taking high dose long-term opiates with documented low testosterone levels. For additional details see the ODG. In this case, the injured worker was first seen on January 30, 2014. The diagnoses were shoulder strain and cervical strain, acute. Page 10 of the medical record contains a testosterone level dated October 27, 2014. The level is 905 (range 300 - 720). The level is normal. The progress note dated October 24 2014 contains an entry in the assessment section stating, "Other testicular hypo function, reduce androgen to 2 pumps per day, testosterone level drawn today, I will request testosterone injections to be covered". There is no documentation establishing a causal relationship between a low testosterone level and the injured workers underlying injury. The first progress note from January 30, 2014 does not mention low testosterone levels. A subsequent progress note from October 2014 indicates the injured worker is receiving androgel (testosterone replacement). There is no clinical evidence of hypogonadism or other etiology for a suspected low testosterone (requiring Andrew gel replacement). The testosterone level at 720 is normal. The injured worker does not require a testosterone injection. The documentation does not support a work related low testosterone level or a causal relationship to the work injury and consequently, a testosterone injection is not medically necessary. Additional information is necessary to determine if the injured worker was on Testosterone replacement prior to the work injury. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, testosterone injection #1 per form October 31, 2014 is not medically necessary.