

<b>Case Number:</b>	CM14-0207157		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	01/25/2007
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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, has a subspecialty in Pain 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:

This is a patient with a date of injury of January 25, 2007. A utilization review determination dated November 20, 2014 recommends noncertification of Fortesta. A progress report dated October 6, 2014 identifies subjective complaints of low back pain with numbness and tingling into the left lower extremity. Objective examination findings revealed tenderness over the spine. Diagnoses include herniated nucleus pulposus of the cervical and lumbar spine. The treatment plan recommends continuing narcotic pain medication through pain management and continue the stimulation unit provided by pain management. A progress report dated November 10, 2014 identifies subjective complaints of low back pain, leg pain, and headache. The patient is having trouble sleeping. The note indicates that the requesting physician does not want to prescribe high-dose long-acting opiates for the patient. A review of studies does not indicate any lab work. Diagnoses include decreased libido secondary to chronic pain and opioid analgesics. The treatment plan recommends continuing the patient's current medication including Fortesta. A urology report dated October 2, 2014 indicates that the physician feels that the patient's low testosterone was most likely related to chronic narcotic use and that erectile dysfunction was partially caused by low testosterone. The note reports that the patient's vitamin D was 27 ng and normal is 30-100 ng. The note goes on to indicate that low serum testosterone needs to be evaluated by an endocrinologist or urologist with appropriate laboratory work in order to begin treatment. A urology progress report dated April 30, 2014 states that the patient has been using Fortesta gel and has noticed improvement in sexual function, libido, and more interest. It appears the patient has been receiving testosterone injections and a gel. The note goes on to state that the patient has been treated with testosterone injections since October 2013. The treatment plan states further testosterone treatment should be related to repeat testosterone levels. A testosterone

lab results dated May 8, 2014 indicates that the patient has low testosterone at 212 ng, normal is 262-870 ng.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Foresta 2 pumps 1 can/month:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-111.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Testosterone.

**Decision rationale:** Regarding the request for Fortesta, the California MTUS does not address the issue. The ODG cites that testosterone replacement is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Within the documentation available for review, the treating urologist states that low serum testosterone "needs to be evaluated by an endocrinologist or urologist with appropriate laboratory work in order to begin treatment." It does not appear that this has been done. Furthermore, the patient has been on testosterone replacement since 2013 with remaining low testosterone level as of May 8, 2014. It does appear that the patient may benefit from testosterone replacement, but adequate workup prior to treatment and adequate follow-up after treatment demonstrating a good response is necessary to support the ongoing use of testosterone replacement. Additionally, the current request includes no duration of use. The open-ended application of any treatment is not supported by guidelines. As such, the currently requested Fortesta is not medically necessary.