

<b>Case Number:</b>	CM14-0209587		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	06/14/2007
<b>Decision Date:</b>	02/17/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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, 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 male patient with a date of injury of June 14, 2007. A utilization review determination dated December 5, 2014 recommends non-certification of testosterone cypionate 200mg/ml solution IM injection quantity 10mg, and Naprosyn 500mg #60 with 3 refills. A progress note dated November 21, 2014 identifies subjective complaints of low back pain. The patient rates his pain as a 5 on a scale of 1-10. The physical examination reveals pain across the lower lumbar spine with radiation to the upper thighs and hips, straight leg raise is positive at 10, DTRs are +1 in both knees and ankles, and L5 dermatome demonstrates decreased sensation to light touch bilaterally. The diagnoses include chronic low back pain with spondylosis, lumbar degenerative discs, right fifth finger injury with proximal interphalangeal fracture, scalp laceration of the occipital area with persistent skin irritation, and lumbar facet arthropathy. The treatment plan recommends SI joint injection, a prescription for Lidoderm patch 5%, continue with melatonin 3 mg, a prescription for Naprosyn 500 mg, a prescription for Percocet 5-325 mg, a prescription for testosterone cypionate injection 200mg/ml, and a prescription for Wellbutrin 100 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Testosterone Cypionate 200mg/ml solution IM injection quantity 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Testosterone replacement

**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 testosterone Cypionate 200mg/ml solution IM injection quantity 10mg, California MTUS does not address the issue. 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, there is no documentation of a low testosterone level for which replacement would be indicated. In the absence of such documentation, the currently requested testosterone Cypionate 200mg/ml solution IM injection quantity 10mg is not medically necessary.

**Naprosyn 500mg quantity 60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** Regarding the request for Naprosyn 500mg #60 3 refills, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naprosyn is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naprosyn 500mg #60 3 refills is not medically necessary.