

Case Number:	CM15-0100957		
Date Assigned:	06/03/2015	Date of Injury:	11/04/1993
Decision Date:	07/09/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 59-year-old male patient, who sustained an industrial injury on 11/4/93. The diagnoses include lumbago and spinal lumbar degenerative disc disease. Per the doctor's note dated 5/7/2015, he had complains of lower backache. The physical examination of the lumbar spine revealed tenderness, restricted range of motion and positive straight leg raising bilaterally. The medications list includes testim, lyrica, oxycontin, lunesta, senokot S, nuvigil, norco, metformin and cymbalta. Treatment to date has included home exercise and medication including Norco and Lyrica. He had been using Testim 1% since at least 1/29/15. He has had urine drug screen on 9/11/2014 and 10/9/2014. The treating physician requested authorization for Testim 1% topical #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testim 1% topical Qty: 30: 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), 2015, Testosterone Replacement.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Testosterone replacement for hypogonadism (related to opioids) Page 110-111.

Decision rationale: Request Testim 1% topical Qty: 30 Testim gel contains testosterone. Per the cited guidelines 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 high dose opioids. 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 signs of hypogonadism, such as gynecomastia." Evidence of documented low testosterone levels is not specified in the records provided. A detailed work up of hypogonadism with other labs such as FSH and LH levels is not specified in the records provided. A detailed history for this patient with his symptoms related to hypogonadism is not specified in the records provided. The medical necessity of Testim 1% topical Qty: 30 is not fully established for this patient. Therefore, it is not medically necessary.