

Case Number:	CM15-0106254		
Date Assigned:	06/10/2015	Date of Injury:	12/15/2009
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 33 year old male, who sustained an industrial injury on 12/15/09. He reported pain in his neck, shoulders and lower back. The injured worker was diagnosed as having cervical facet capsular tears, neuropathic dysesthesias, bilateral shoulder intrathecal pathology consistent with impingement syndrome and depression. Treatment to date has included a right shoulder surgery. Current medications include Norco, Ibuprofen and Pristiq. There is no testosterone levels noted in the case file, nor any documentation of low testosterone symptoms. As of the PR2 dated 5/13/15, the injured worker reports pain in the lower back that radiates to the bilateral legs. He rates his lower back pain a 6-7/10. He also reported 6-7/10 pain in his neck that radiates to the bilateral shoulders and causes numbness. Objective findings include positive impingement signs, a positive FABER maneuver and tenderness to palpation in the neck. The treating physician requested Testosterone Cypionate 200mg per cc injection 1ml IM every 2 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone Cypionate 200mg/cc injection 1ml IM every 2 weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 110-111 of 127. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: J Adv Pharm Technol Res. 2010 Jul-Sep; 1(3): 297/301.

Decision rationale: Regarding the request for testosterone replacement, Chronic Pain Medical Treatment Guidelines state that testosterone replacement is recommended for patients taking high dose long-term opioids with documented low testosterone levels. Guidelines go on to state that 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. Due to risk of hepatoma, guidelines recommend that testosterone replacement should be done by a physician with special knowledge in the field. An article in the Journal of Advanced Pharmacologic Technology states that there are numerous causes of hypogonadism. They go on to indicate that a thorough history and physical is indicated in an attempt to identify the underlying etiology of hypogonadism. Within the documentation available for review, it is unclear exactly how long the patient has had signs of impotence and decreased libido. There is no statement indicating whether these symptoms occurred before or after the industrial injury. Additionally, there is no documentation of a thorough history and physical examination directed towards the patient's endocrine function. Furthermore, there is no indication that the physician prescribing the testosterone replacement has special knowledge in the field, as recommended by guidelines. In the absence of such documentation, the currently requested testosterone replacement is not medically necessary.