

<b>Case Number:</b>	CM15-0108742		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	11/06/2001
<b>Decision Date:</b>	08/13/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 applicant is a represented 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 6, 2001. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve requests for testosterone injections with associated needles. The claims administrator referenced a May 1, 2015 office visit in its determination. The claims administrator contended that the applicant did not have documented low testosterone levels present. The applicant's attorney subsequently appealed. On December 1, 2014, the applicant reported ongoing complaints of low back pain, 5-6/10, exacerbated by bending, lifting, and walking. The applicant was on methadone, Motrin, Norco, testosterone, and Viagra, it was reported, all of which were renewed. The applicant was asked to obtain a back brace. Laboratory testing to include a testosterone level and regular duty work were endorsed. On December 31, 2014, the attending provider again ordered methadone, Motrin, testosterone, Viagra, and Xanax. The applicant was returned to regular duty work. Once again, the attending provider stated that he was ordering laboratory testing to include the applicant's testosterone levels but did not state what these levels were. It appeared, thus, that this represented a historical carryover from a prior note. On March 27, 2015, the attending provider stated in one section of the note that the applicant had been able to taper off of testosterone and decreases the usage of Xanax. 4/10 pain complaints were reported. Neurontin, methadone, Motrin, testosterone, Norco, Nuvigil, Viagra, needles, and Xanax were ordered at the bottom of the report. In an RFA form dated May 1, 2015, Norco, methadone, testosterone injection, and associated needles were endorsed. An associated progress note of May 1, 2015 likewise made

no mention of the applicant's actual testosterone levels. The applicant was returned to regular duty work.

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

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

**Testosterone Cypionate Injection 200mg/cc injection, 1 ml every two weeks #10ml with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism (Related To Opioids) Page(s): 110.

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

**Decision rationale:** No, the request for a testosterone injection was not medically necessary, medically appropriate, or indicated here. While page 110 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that testosterone replacement for hypogonadism-related opioids is recommended in limited circumstances for applicants taking high-dose, long-term opioids with documented low testosterone levels, here, however, there was no evidence that the applicant in fact had documented low testosterone levels. Multiple progress notes, referenced above, of both 2014 and 2015, failed to outline the applicant's testosterone levels. The attending provider also stated, somewhat incongruously, on March 27, 2015 that the applicant had been able to taper off of the testosterone. It was not clearly stated, thus, why testosterone was subsequently prescribed on May 1, 2015 after the applicant had earlier tapered off of the same. A clear rationale for continued usage of testosterone was not furnished.

**Needle 25G, quantity: 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism (Related To Opioids) Page(s): 110.

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

**Decision rationale:** Similarly, the request for a needle was likewise not medically necessary, medically appropriate, or indicated here. This is a derivative or companion request, one which accompanied the primary request for injectable testosterone. Since that request was deemed not medically necessary, the derivative or companion request for an associated needle was likewise not medically necessary.