

Case Number:	CM15-0193492		
Date Assigned:	10/07/2015	Date of Injury:	03/25/2010
Decision Date:	11/16/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/01/2015

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: Arizona, 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:

The injured worker is a 61 year old male who sustained an industrial injury on 3-25-10. A review of the medical records indicates he is undergoing treatment for lumbago - low back pain, anxiety state, and reactive depression. Medical records (3-16-15 to 8-14-15) indicate complaints of anxiety and back pain, as well as right leg pain - "sciatica". He reports his pain is "5 out of 10". He reports he is able to complete the following activities of daily living: cook, do laundry, shop, bath, dress, manage medications, drive, and brush his teeth. He reports he is unable to garden. The physical exam (8-14-15) reveals tenderness and decreased range of motion of the head and neck, as well as tenderness of the lumbar spine and facet joint with decreased range of motion. His medications include Testosterone Cyplonate 200mg per ml intramuscular oil, 1 milliliter injection every week, 140 days, for a total of 10 milliliters, start 5-12-15, end 9-28-15, Neurontin 100mg, 1-2 capsules every evening at bedtime, and Baclofen 10mg three times daily as needed (7-17-15). The injured worker has been receiving Testosterone since, at least, 9-19-13 (3-16-15). The utilization review (9-10-15) includes a request for authorization for Testosterone cyplonate 200mg per milliliter intramuscular oil, 1-milliliter injection every week 140 days for a total of 10 milliliters start 8-14-15, end 12-31-15. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone Cypionate 200mg/MI Intramuscular Oil, 1 Milliliter, Inj, every week 140 Days, For A Total of 10ml Via, Start On August 14, 2015 End On December 31, 2015 And Ba: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, long-term assessment.

Decision rationale: According to the guidelines, testosterone levels can drop along with hypogonadism due to chronic opioid use. In this case, the claimant was not on opioids. Testosterone levels were not provided. The continued use of Testosterone is not medically necessary.