

<b>Case Number:</b>	CM15-0214322		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	01/12/2005
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	09/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, 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 50 year old male, who sustained an industrial injury on 1-12-2005. A review of the medical records indicates that the injured worker is undergoing treatment for chondromalacia of patella, osteoarthritis involving the lower leg, lumbago, chronic pain syndrome, other testicular hypofunction, knee joint replacement, depressive disorder, and shoulder and upper arm sprain. On 9-15-2015, the injured worker reported knee and low back pain rated as 7 out of 10 on the visual analog scale (VAS) with medications and 10 out of 10 without medications. The Treating Physician's report dated 9-15-2015, noted the injured worker stated that only with the medications had he been able to remain at work, reporting particular pain and stiffness in the low back. The injured worker's current medications were noted to include Alprazolam, Ambien CR, Androgel, Baclofen, Bisoprolol, Endocet, Hydrochlorothiazide, Klor-Con, Lovastatin, and Oxycontin. The physical examination was noted to show the injured worker wearing a shoulder immobilizer with left knee effusion, decreased lumbar spine range of motion (ROM) with moderate bilateral lower lumbar palpable spasms, and pain over the right shoulder posterior glenohumeral joint and around the supraspinatus region. Prior treatments have included trigger point injections and physical therapy. The treatment plan was noted to include medication prescriptions. The injured worker's work status was noted to be permanent and stationary. The request for authorization dated 9-22-2015, requested a prostate specific antigen test and testosterone free weakly bound test. The Utilization Review (UR) dated 9-29-2015, non-certified the requests for a prostate specific antigen test and testosterone free weakly bound test.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Prostate specific antigen test:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Testosterone replacement for hypogonadism (related to opioids).

**Decision rationale:** Per the MTUS guidelines: Testosterone replacement for hypogonadism (related to opioids) 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. Per the medical records, it was noted that the injured worker had opiate induced hypo-testosterone anemia and was treated with testosterone supplementation. The most recent mention of hypogonadism, however, was per labs dated 1/31/13 which showed low testosterone levels with symptoms of fatigue, erectile dysfunction, and low libido. Per the recent medical records, there is no documentation of symptoms or signs of hypogonadism. As routine testing of testosterone levels is not recommended, the request is not medically necessary.

**Testosterone free weakly bound test:** 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): Testosterone replacement for hypogonadism (related to opioids).

**Decision rationale:** Per the MTUS guidelines: Testosterone replacement for hypogonadism (related to opioids) 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. Per the medical records, it was noted that the injured worker had opiate induced hypo-testosterone anemia and was treated with testosterone supplementation. The most recent mention of hypogonadism, however, was per labs dated 1/31/13 which showed low testosterone levels with symptoms of fatigue, erectile dysfunction, and low libido. Per the recent medical records, there is no documentation of symptoms or signs of hypogonadism. As routine testing of testosterone levels is not recommended, the request is not medically necessary.

