

Case Number:	CM15-0219580		
Date Assigned:	11/12/2015	Date of Injury:	11/26/2007
Decision Date:	12/30/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/09/2015

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

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 59-year-old male who sustained an industrial injury on November 26, 2007. Medical records indicated that the injured worker was treated for neck, bilateral wrist and low back pain. Medical diagnoses include chronic fatigue syndrome treated by Ritalin part of psychiatric injury, bilateral wrist pain, most likely trigger point in nature, and cervical discogenic disease. In the provider notes dated October 12, 2015 the injured worker complained of neck, low back, bilateral right greater than left wrist pain. He is taking Ritalin to keep his pain under control. On exam, the documentation stated, "Testosterone level shows the patient has low testosterone. His adult testosterone level is 188; normal is 250 to 827 ng dl. I also have testosterone LC-MS MS us 211, normal is 250 to 1100 ng dl." He has profound discomfort in his neck. He has pain in both wrists and low back and his neck with no radicular findings. He has decreased range of motion in his neck with pain going into his right neck and down his shoulder at endpoint to his regular rotation. He has mild trapezius muscle spasm right worse than left. There is wrist pain but no signs of carpal tunnel syndrome. Tinel's sign was negative. The treatment plan is for medication refill and testosterone gel. A Request for Authorization was submitted for testosterone gel 5G of 50 mg qty 1, consultation at Amen Clinic qty 1. The Utilization Review dated October 5, 2015 denied the request for testosterone gel 5G of 50 mg qty 1, consultation at Amen Clinic qty 1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone gel 5g of 50mg: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter under Testosterone replacement treatments for hypogonadism.

Decision rationale: The 59-year-old patient complains of ongoing neck and right wrist pain, as per progress report dated 09/14/15. The request is for TESTOSTERONE GEL 5g of 50mg. The RFA for this case is dated 09/30/15, and the patient's date of injury is 11/26/07. The patient is status post multiple head, face, neck and wrist surgeries, as per progress report dated 09/14/15. Diagnoses also included cervical discogenic disease, bilateral wrist pain, and chronic fatigue syndrome. Medications include Ritalin and Vicodin. The treater is also asking the patient to go back to testosterone gel. The patient is on regular duty, as per the same progress report. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines, Pain chapter under Testosterone replacement treatments for hypogonadism states that it is 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. As per progress report dated 08/11/15, the testosterone rub was being prescribed for "impotence," and it was denied "a month ago." The treater is requesting for the rub in progress reports dated 08/11/15 and 09/14/15 as well. As per progress report dated 10/12/15 (after the UR denial date), recent lab tests revealed the patient's total adult testosterone at 188, while the normal value is 250 - 827 ng/dL. The patient's testosterone LC-MS-MS is 211, while normal is 250 - 1100 ng/dL. ODG guidelines support the use of testosterone replacement treatments in patients with low-testosterone levels and chronic opioid use. Given the low levels of testosterone in the blood and the use of Vicodin, the request appears reasonable and IS medically necessary.