

Case Number:	CM15-0032458		
Date Assigned:	02/25/2015	Date of Injury:	04/21/2008
Decision Date:	04/20/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/20/2015

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, 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 35 year old male, who sustained an industrial injury on 04/21/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having long term (current) drug use, lumbar spondylosis with myelopathy, and degeneration of the lumbar disc. Treatment to date has included a medication regimen of Percocet. In a progress note dated 01/15/2015 the treating provider reports a low testosterone level secondary to chronic opioid use. Physical examination revealed pain relief and increased ADL from medication, no aberrant drug behavior and no medication side effect. The treating physician requested testosterone injections for the injured worker's low testosterone level. He has had a urine drug toxicology report that was consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

Injection: Testosterone 200mg enanthate times 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110-111.

Decision rationale: Request: Injection: Testosterone 200mg enanthate times 3 per the cited guidelines testosterone injection 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. 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." Any recent detailed clinical evaluation note of the treating physician was not specified in the records. Any lab reports were not specified in the records provided. The testosterone level is not specified in the records provided. A detailed history for this patient regarding symptoms related to hypogonadism is not specified in the records provided. Evidence of high dose oral opioids or intrathecal opioids is not specified in the records provided. Signs of hypogonadism on exam, such as gynecomastia are not specified in the records provided. The medical necessity of the request for Injection: Testosterone 200mg enanthate times 3 is not fully established in this patient.