

<b>Case Number:</b>	CM15-0033831		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	02/10/2003
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Massachusetts

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 58 year old male, who sustained an industrial injury reported on 2/10/2003. On 8/25/2014 he reported a recurrence of left knee complaints, after having no left knee complaints since 2011. At the 1/15/2015 follow-up evaluation, he reported pain and stiffness to the left knee; intramuscular injections of Testosterone were added to the medication regimen that includes Norco. The diagnoses were noted to include status-post left knee arthroscopy and partial meniscectomy (2004); left knee degenerative joint disease and osteoarthritis; left knee pain; and hypogonadism - male. Treatments to date have included consultations; diagnostic imaging studies; and medication management noted to include Testosterone 100mg/ml suspension 2 every 2 weeks. The work status classification for this injured worker (IW) was not noted. Noted was a second industrial claim for a different date and different employer is noted for the lower back, reported on 3/9/2010. It is stated on the 1/15/2015 progress notes that this IW takes Norco for both injuries, and that it is now required to give this IW 200mg intramuscular Testosterone every 2 weeks. On 1/21/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/15/2015, for Testosterone intramuscular injection 200mg, every 2 weeks. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, functional improvement, testosterone levels in men, opioids for chronic pain; and the Official Disability Guidelines, pain chapter, opioids, criteria for use, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Testosterone IM Injection 200mg every 2 weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Improvement, Opioids for chronic pain Page(s): 80-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hypogonadism Page(s): 110.

**Decision rationale:** Recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. According to the documents available for review, there are no objective physical exam findings, symptoms or lab results to substantiate the need for testosterone supplementation. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.