

<b>Case Number:</b>	CM15-0037627		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	11/17/2005
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	01/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: New York  
Certification(s)/Specialty: Internal Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 68-year-old male reported a work-related injury on 11/17/2005. According to the progress note dated 1/8/14, the injured worker (IW) reports depression and anxiety are more stable. The IW was diagnosed with psychological factors affecting medical condition. Previous treatments include medications and psychotherapy. The Utilization Review (UR) on 01/30/2015 non-certified the requested service/treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**AndroGel gel 1.62% QTY:1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain medical treatment guidelines, Testosterone Page(s): 110.

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

**Decision rationale:** MTUS states that testosterone replacement therapy is indicated 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. If needed, testosterone replacement should be done by a physician with special knowledge in this field given the potential side effects such as hepatomas. There are multiple delivery mechanisms for testosterone.

Hypogonadism secondary to opiates appears to be central, although the exact mechanism has not been determined. In this case, the claimant is receiving testosterone replacement ( Androgel 1.62%) for the treatment of stress induced hypotestosteronism. There is no documentation of physical examination findings or laboratory levels to determine the medical necessity for testosterone replacement therapy. Medical necessity for the requested item has not been established. The requested item is not medically necessary.