

<b>Case Number:</b>	CM15-0037776		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	09/29/2003
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	02/17/2015
<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: 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 41-year-old male, who sustained an industrial injury on September 29, 2003. The mechanism of injury is unknown. The diagnoses have included LDD, herniated disks L3-4 and L4-5, lumbago and chronic pain. Treatment to date has included diagnostic studies and medication. On January 2, 2015, the injured worker complained of back pain rated a 7-8 on a 1-10 pain scale at worst and a 3-4/10 with pain medications. He reported that he is not able to function, do routine activities of daily living or work without his medications. He is currently working full time and tolerating his medications well. On February 17, 2015, Utilization Review non-certified Depo-testosterone injection, noting the CA MTUS Guidelines. On February 27, 2015, the injured worker submitted an application for Independent Medical Review for review of Depo-testosterone injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Depo-testosterone injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain Chapter, Testosterone replacement treatment for hypothyroidism.

**Decision rationale:** The 41-year-old patient presents with low back pain, rated at 7-8/10 without medications and 3-4/10 with medications, and has been diagnosed with lumbar disc degeneration, herniated disks at L4-5 and L3-4, lumbago and chronic pain, as per progress report dated 02/06/15. The request is for DEPO-TESTOSTERONE INJECTION. The RFA for the request is dated 02/16/15, and the patient's date of injury is 09/29/03. Medications, included, Norco, Neurontin, Ibuprofen and MS Contin, as per progress report dated 02/06/15. The patient is working, as per the same progress report. ODG guidelines Pain Chapter, Testosterone replacement treatment for hypothyroidism topic, states, "Recommended in limited circumstances for patients taking high-dose long-term opioid with documented low testosterone levels." In this case, the patient has low testosterone levels of 313.16L based on lab test dated 01/28/15. A review of the reports indicates that the patient has been using opioid such as MS Contain and Norco at least since 01/10/14. The treated is requesting for Depo-testosterone injection in progress report dated 02/06/15. Given the long-term opioids use and low testosterone levels, the request is appropriate and IS medically necessary.