

Case Number:	CM14-0122357		
Date Assigned:	08/06/2014	Date of Injury:	05/13/2009
Decision Date:	11/21/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	08/01/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 53-year-old male who reported injury on 05/13/2009 due to an unspecified mechanism of injury. The injured worker complained of lower back pain, right lower extremity pain, neck pain to upper extremities, hand numbness, and erectile dysfunction. The diagnoses included lumbago, chronic pain syndrome, thoracic or lumbosacral neuritis or radiculitis unspecified, erectile dysfunction, chronic pain moderate post lumbar fusion, right shoulder rotator cuff tendonitis and biceps tendonitis. The diagnostics included an x-ray of the lumbar spine dated 01/22/2014 that revealed L5-S1 fusion that was solid interbody bone graft. No pathologic motion on flexion extension was noted. The objective findings revealed a normal gait, normal posture and a well healed incision at the lumbar site. Deep tendon reflexes 2+ bilaterally, motor strength 4/5 bilaterally to the lower extremities. Prior surgeries included a status post anterior/posterior fusion at the L5-S1 for spondylolisthesis and severe stenosis. The medications included Norco and testosterone injections. The urinalysis dated 04/23/2014 revealed a PSA and total testosterone. The request for authorization dated 08/06/2014 was submitted in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone Cypionate 200mg/ml #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/depo-testosterone.html>

Decision rationale: The Official Disability Guidelines do not address; therefore, endogenous androgens referred to www.drugs.com that indicates endogenous androgens are responsible for normal growth and development of the male sex organs and for maintenance of secondary sex characteristics. These effects include growth and maturation of the prostate, seminal vesicles, penis, and scrotum; development of male hair distribution, such as beard, pubic, chest, and axillary hair; laryngeal enlargement, vocal cord thickening, and alterations in body musculature and fat distribution. Drugs in this class also cause retention of nitrogen, sodium, potassium, and phosphorous and decreased urinary excretion of calcium. Androgens have been reported to increase protein anabolism and decrease protein catabolism. Nitrogen balance is improved only when there is sufficient intake of calories and protein. Androgens are responsible for the growth spurt of adolescence and for eventual termination of linear growth, brought about by fusion of the epiphyseal growth centers. In children, exogenous androgens accelerate linear growth rates, but may cause disproportionate advancement in bone maturation. Use over long periods may result in fusion of the epiphyseal growth centers and termination of the growth process. Androgens have been reported to stimulate production of red blood cells by enhancing production of erythropoietic stimulation factor. During exogenous administration of androgens, endogenous testosterone release is inhibited through feedback inhibition of pituitary luteinizing hormone (LH). At large doses of exogenous androgens, spermatogenesis may also be suppressed through feedback inhibition of pituitary follicle stimulating hormone (FSH). The documentation indicated that the injured worker's testosterone level was 181 mg/dl. With a normal range of 129 to 767 ng/dl and a total PSA of 0.87ng/ml which is within normal range. The lab results did not provide the prolactin or LH values. Additionally, the injured worker was to see an urologist related to the erectile dysfunction. As such, the request of Testosterone Cypionate 200mg/ml #10 is not medically necessary and appropriate.