MAXIMUS Federal Services

Case Number:	CM14-0128863		
Date Assigned:	09/22/2014	Date of Injury:	11/17/2011
Decision Date:	10/23/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/13/2014

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 , has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old male, who reported an injury on 11/17/2011. The mechanism of injury was due to a fall. His diagnoses include history of quadriplegia, status post cervical laminectomy, status post C3-4 fracture, fecal retention, and diffuse weakness. The injured worker's past treatments included medications and physical therapy. The injured worker's diagnostic testing included an MRI scan of the cervical spine performed on 06/13/2012; it was noted to show a prior anterior cervical fusion at the C3-4 level, mild spinal cord compression at the C4-5 level secondary to annular bulge, and facet degenerative joint disease. A comprehensive metabolic panel and CBC lab report, done on 03/31/2014, was noted to reveal low testosterone levels. His surgical history included a spinal fusion at the C3-4 level. On 04/24/2014, the injured worker complained of continued irregular bowel movements and lack of bladder sensation. Upon physical examination, the injured worker was noted to continue to experience diffuse muscle weakness that most likely resulted from his spinal cord injury. The injured worker's medications included Norco, Neurontin, and Soma. The request was for testosterone cypionate with needles and syringes x1 week to increase his muscle strength. The Request for Authorization form was signed and submitted on 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone Cyplonate with Needles & Syringes x one week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA description of Depo-Testosterone

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

Decision rationale: The request for Testosterone Cyplonate with Needles & Syringes x one week is not medically necessary. The California MTUS Guidelines may recommend testosterone replacement in The request for Testosterone Cyplonate with Needles & Syringes x one week is not medically necessary. The California MTUS Guidelines may recommend testosterone replacement 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. The injured worker was noted to have been taking Norco 10/325 mg at least since 02/12/2014, with no indication that the dose was increased for any length of time. Testosterone replacement is only recommended for patients taking high dose long term opioids per the guidelines. The rationale for the request was in an attempt to increase the injured worker's skeletal muscle strength. There is a body of literature showing that there is improvement in strength and other function in those who are testosterone deficient who receive replacement. However, in the absence of documentation with sufficient evidence that the patient was taking high dose, long-term opioids with documented low testosterone levels as a result, the request is not supported. Therefore, the request is not medically necessary.