

<b>Case Number:</b>	CM14-0025621		
<b>Date Assigned:</b>	06/13/2014	<b>Date of Injury:</b>	02/29/2008
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	02/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 reportedly was injured on 02/29/08 due to a slip and fall. The injured worker complains of chronic right knee, right hip and right lower extremity pain made worse with prolonged walking or with standing. The injured worker reports 4-5/10 on the visual analog scale (VAS) pain level with the use of medications, and pain level much higher without medications. The injured worker is status post right knee surgery in 2010. Most recent office visit note submitted for review is dated 02/25/14 and the injured worker notes that there are no acute changes to his pain complaints. The injured worker did have surgical consult for his hernia, but there is no indication as to whether hernia repair surgery has been performed. Current medications were listed as Ambien, Protonix, Flexeril, Naproxen, Gabapentin, Lidoderm patch, Prozac, hydrocodone-acetaminophen, Glipizide, and Metformin. Objective findings noted general appearance: well-developed, well-nourished male in no cardiorespiratory distress; alert and oriented x 3; ambulates without assistance.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TESTOSTERONE LEVEL LAB TEST:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Testosterone replacement for hypogonadism (related to opioids) Page(s): 10.

**Decision rationale:** CA MTUS provides that 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. The injured worker is receiving long-term opioids; however, there is no documentation in the clinical data submitted for review that the injured worker exhibits any signs of hypogonadism such as gynecomastia. Based on the clinical information provided, medical necessity is not established for testosterone level lab test.