

<b>Case Number:</b>	CM14-0029190		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	08/11/2005
<b>Decision Date:</b>	08/15/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 54-year-old male with date of injury of 08/11/2005. The listed diagnoses per [REDACTED] dated 09/19/2013 are: 1. Chronic low back pain status post L4-L5 and L5-S1 fusion from 2006. 2. Hypertension. 3. GERD/dyspepsia. 4. Depression and anxiety. 5. Sleep disorder. 6. Hypogonadism. 7. Dyslipidemia. 8. Probable irritable bowel syndrome. 9. Xerostomia, medication-induced with secondary dental decays/damage teeth. According to this report, the authorization has not been granted for the surgery recommended by the neurosurgeon. The patient is still receiving pain management treatment per [REDACTED]. [REDACTED] is recommending chronic pain program at [REDACTED]. The patient continues to tolerate his medications well except for dry mouth. The objective findings show the patient is alert, oriented, well-hydrated. The patient ambulates with aid of a 4 point cane. The neurologic exam is normal. The utilization review denied the request on 02/12/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fortesta 10 mg Gel Pump 120 gm times 4 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints. Decision based on Non-MTUS Citation <http://www.rxlist.com/fortesta-drug.htm>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hypogonadism Due to Opiate Use and Testosterone replacement treatments for Hypogonadism.

**Decision rationale:** This patient presents with chronic low back pain and is status post L4-L5 and L5-S1 fusion surgery from 2006. The treater is requesting Fortesta 10 mg gel pump 120 g with 4 refills. Fortesta is a prescription medicine that contains testosterone. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on testosterone replacement treatments for hypogonadism states that it is recommended 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. The patient's current list of medications include ibuprofen, Nortriptyline, Pantoprazole, Fortesta gel, Hyoscyamine, Lisinopril, Carisoprodol, Pravastatin, Zolpidem, Hydrocodone, Atenolol, Levothyroxine, and Morphine Sulfate. The records show that the patient has been prescribed Fortesta since 09/19/2013. The progress report dated 04/05/2012 notes that the patient has low testosterone secondary to chronic pain and chronic opioid regimen. In this case, the patient has a history of long-term opioid use and the requested Fortesta is reasonable given the patient's current diagnosis of hypogonadism. The request is not medically necessary.