

Case Number:	CM14-0202538		
Date Assigned:	12/15/2014	Date of Injury:	05/19/2000
Decision Date:	02/25/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/03/2014

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. 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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 underlying date of injury in this case is 05/19/2000. The date of the utilization review under appeal is 11/25/2014. Treating diagnoses include cervical disc degeneration, mild myositis, unspecified reflex sympathetic dystrophy, and depressive disorder. On 11/18/2014, the patient was seen in treating physician followup. At that time the patient was noted to have a history of an L4-L5 disc replacement and also C4-5 and C5-6 disc derangement with migraine headaches, complex regional pain syndrome, and hypogonadism. The patient reported that a lower dose of OxyContin and oxycodone had created a lot of problems, as the patient was not nearly as active as he was previously. The treating provider noted that testosterone had allowed the patient to perform more activities than before he was on it. The treating provider felt that the patient's medication regimen previously had allowed him to function in activities of daily living including walking and driving and allowed him to be more functional during the day. The patient was given a prescription to continue OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone 200mg, 0.65cc weekly: 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 Page(s): 110.

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on testosterone replacement for hypogonadism, page 110, states that such treatment is recommended in limited circumstances for patients taking high-dose, long-term opioids with documented low testosterone levels. The records reference that the patient previously had a low testosterone level which led to initiation of testosterone treatment. However, the records do not document ongoing monitoring of the efficacy of testosterone replacement which is essential based on the treatment guidelines in order to document both treatment effectiveness and titration at a low enough dose to minimize side effects. Overall, the medical records do not meet the criteria in the guidelines for monitoring testosterone level in order to support an indication for this treatment. This request is not medically necessary.