

Case Number:	CM15-0171500		
Date Assigned:	09/11/2015	Date of Injury:	02/02/2001
Decision Date:	11/23/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/31/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

In the progress notes (7-1-15), the IW reported chronic low back pain, lower extremity radiculopathy, cervicgia, and upper extremity radiculopathy rated 8 out of 10. He also complained of fatigue, feeling chronically "down" with an "I don't care" attitude. He also continued to have right hip pain. On examination (7-1-15 notes), the right hip was painful to extension and internal and external rotation. Treatments included medication (Opana ER) and Lyrica. Other medication list include Nexium, Percocet, Gabapentin, Motrin, Ativan, Celebrex, Ultram, Effexor, Gabitril, and antidepressants. The provider checked the IW's vitamin D and testosterone levels in relation to his symptoms of fatigue and frequent sweating. The IW's testosterone level on 6-12-15 was 235 (normal 250 - 827 ng per dl) and vitamin D level was 11 (normal 25). A second testosterone level was to be requested, per the provider's notes; however a second test result was not seen in the files submitted. The 7-29-15 progress notes stated the IW had begun testosterone injections and he had increased energy, per his wife's observation. The patient had UDS on 7/29/15 that was positive for Oxymorphone. Per the note dated 9/23/15 the patient had complaints of pain in neck and back with radiculopathy Physical examination of the lumbar spine revealed tenderness on palpation, limited range of motion, positive facet loading test and antalgic gait. The patient has had MRI of the lumbar spine on 9/21/15 that revealed disc protrusions and, foraminal narrowing. The patient has had history of weakness in arm and leg, and history of falls. The patient had received an unspecified number of PT visits for this injury The patient's surgical history include knee surgery and TM joint surgery. The past medical history include asthma, irregular heart beat and CCF.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Testosterone 200mg /ml injection 1 ml #6 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Testosterone replacement for hypogonadism (related to opioids).

Decision rationale: Per the cited guidelines testosterone injection 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. 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 IW's testosterone level on 6-12-15 was 235 (normal 250 - 827 ng per dl) and vitamin D level was 11 (normal 25). A detailed history for this patient regarding symptoms related to Hypogonadism is not specified in the records provided. Evidence of taking high dose oral opioids or intrathecal opioids is not specified in the records provided. Signs of Hypogonadism on exam, such as gynecomastia are not specified in the records provided. The medical necessity of the request for Prescription of Testosterone 200mg /ml injection 1 ml #6 with 3 refills is not fully established in this patient.

1 Set of 3cc syringes 22g 1.5 #6 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Testosterone replacement for hypogonadism (related to opioids).

Decision rationale: Per the cited guidelines testosterone injection 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. 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." A detailed history for this patient regarding symptoms related to Hypogonadism is not specified in the records provided. An evidence of taking long term, high dose oral opioids or intrathecal opioids is not specified in the records provided. Signs of Hypogonadism on exam, such as gynecomastia are not specified in the records provided. The medical necessity of the request for Prescription of Testosterone 200mg /ml injection 1 ml #6 with 3 refills is not fully established in this patient. Therefore the medical necessity of the request for Prescription of Testosterone 200mg /ml injection 1 ml #6 with 3 refills is not fully established in this patient.

