

Case Number:	CM15-0173908		
Date Assigned:	09/25/2015	Date of Injury:	09/01/1998
Decision Date:	11/06/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/03/2015

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: Florida

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:

The injured worker is a 58 year old male, who sustained an industrial injury on 9-1-98. The injured worker is being treated for cervical radiculopathy, chronic back pain, constipation, hypogonadism, hypovitaminosis D, low back pain, failed back syndrome and work related injury. Treatment to date has included oral medications including Suboxone, physical therapy, Testopel implants and activity modifications. On 7-2-15, the injured worker complains of increased pain, which is tolerable with Suboxone, intermittent constipation, and burning pain running down legs, which is exacerbated by ambulation and lower body dressing. Physical exam performed on 7-2-15 revealed a distended abdomen with bowel sounds present. On 8-17-15, a request for authorization was submitted for Testopel. On 8-20-15 a request for Testopel was non- certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testopel implant (Testosterone hormone pellets) #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation "Options in Testosterone Replacement Therapy" authors, Dobs, and El-Maouche, Medscape Multi-specialty website.

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

Decision rationale: An Independent Medical Review has been requested to determine the medical necessity of Testopel Implant with hormone pellets. This patient is inferred to have the diagnosis of Hypogonadism. He is also noted to be chronically narcotic dependent and taking Suboxone. MTUS guidelines support the use of Testosterone replacement for those taking long term, high dose opiates with documented low testosterone levels. Unfortunately, in this patient's case, a documented low testosterone level to confirm the diagnosis of Hypogonadism has not been provided. Likewise, this request is not medically necessary without additional documentation.