

<b>Case Number:</b>	CM15-0175023		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	04/18/1997
<b>Decision Date:</b>	10/20/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 69 year old male who sustained an industrial injury on April 18, 1997. A recent primary treating office visit dated July 16, 2015 reported chief subjective complaint of low back pain; leg pain and neck pain. There is note of the worker "not able to previously wean off from Opioids." He could not attend a detoxification program due to need of attending dialysis. There is discussion with recommendation from nephrologist for stabilization of pain medications with note of the worker now "ready to start slow weaning again." The pain pump was removed in March of 2014 and noted able to titrate off of OxyContin and remains taking Oxycodone of which "I am lowering Oxycodone from 30mg to 20mg this month." The following diagnoses were applied: lumbago; pain in joint involving shoulder region; spinal stenosis of lumbar region, without neurologic claudication; depressive disorder, not elsewhere classified; encounter for long term current use of medications; encounter for therapeutic drug monitoring; myalgia and myositis, unspecified; cervical spondylosis without myelopathy; lumbosacral spondylosis without myelopathy; other ovarian hyperfunction, and testicular hypofunction. Active medication regimen consisted of Lidoderm 5% patches; Oxycodone 20mg, and Testosterone Cypionate intramuscular injections.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Testosterone Cypionate 200mg/ml IM (intra muscular) oil, x1 IM injection every 2 weeks and syringes:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Testosterone.

**Decision rationale:** Guidelines state that testosterone replacement is recommended in limited circumstances for patients taking high dose long-term opioids with documented low testosterone levels. In this case, there is limited evidence that the claimant exhibits signs and symptoms of deficient testosterone and there are no lab findings that indicate a low level of testosterone. The request for testosterone cypionate 200 mg/ml is not medically appropriate and necessary.