

Case Number:	CM15-0067275		
Date Assigned:	04/14/2015	Date of Injury:	11/28/2001
Decision Date:	06/05/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/08/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 56-year-old male, who sustained an industrial injury on November 28, 2001. He reported injury to his low back. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy and lumbago. Treatment to date has included diagnostic studies, injection, testosterone, surgery and medication. On February 26, 2015, the injured worker complained of chronic low back pain, which is exacerbated with any type of physical activity or standing. He reported insomnia secondary to the pain that is only adding to his stress. The treatment plan included medication, referral to a spine specialist and testosterone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Testosterone 200 mg, one injection with date of service of 12/19/14, 1/12/15, 1/19/15, 2/2/15, 2/9/15, 2/16/15, 2/23/15, 3/2/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Snyder PJ, et al. Testosterone treatment of male

hypogonadism. Topic 7461, version 24.0. UpToDate, accessed 06/02/2015. Testosterone: Drug information. Topic 7461, version 24.0. UpToDate, accessed 06/02/2015.

Decision rationale: Hypogonadism in a man refers to decreased sperm or testosterone production. Some symptoms of low testosterone include a low interest in sex, loss of body hair, and small testicles. Testosterone should only be used to treat this condition when three sets of blood tests done between 08:00 and 10:00 in the morning show the testosterone level is low. Symptoms of hypogonadism will not be relieved if the testosterone level is already normal, and this can cause negative side effects and complications. The goal of treatment is raise the testosterone to normal levels. The recommended dosing is generally 50 to 100mg injected weekly or 100 to 200 mg injected every two weeks. This medication can also used in oral, nasal, topical, and long-acting forms. The literature does not support testosterone treatment for those with low testosterone levels due only to older age. The submitted and reviewed documentation indicated the worker was experiencing fatigue and back pain. It was unclear how the diagnosis of hypogonadism was made; results of laboratory blood tests similar to those described above were neither described nor submitted for review. A report of a random testosterone level done on 02/17/2015 showed normal levels. There was no detailed documentation exploring the worker's hypogonadism symptoms or describing ongoing improvement with this treatment, and this request is for a large number of treatments without a trial. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for eight weekly injections of testosterone 200mg given on the dates of service 12/19/2014, 01/12/2015, 01/19/2015, 02/02/2015, 02/09/2015, 02/16/2015, 02/23/2015, 03/02/2015 is not medically necessary.