

Case Number:	CM15-0067567		
Date Assigned:	04/15/2015	Date of Injury:	10/10/1994
Decision Date:	05/20/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/09/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 63 year old male who sustained an industrial injury on 10/01/94. Initial complaints and diagnoses are not available. Treatments to date include medications, aqua therapy, and back surgeries. Diagnostic studies are not addressed. Current complaints include low back and neck pain. Current diagnoses include status post lumbar surgeries, constipation, myofascial low back pain, hypogonadism, sleep and mood impairment, overuse left heel and foreleg secondary to right sided weakness/chronic pain and right sided radiculopathy. In a progress note dated 02/17/15 the treating provider reports the plan of care as continued medications including Opana, MSER, Neurontin, Nuvigil and injectable testosterone. Also planned are a MRI and CT. The requested treatment is testosterone. The laborator tests for Testosterone levels was noted to be elevated on 1/23/2014 and normal on 7/15/2014. The medications listed are Zoloft, MSER, Lunesta, Norco, doxepin, Soma, Opana ER, DHEA, amitiza, Nuvigil, arimidex, progesterone and testosterone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testosterone 200mg/ml, inject 0.6ml weekly Qty #3cc: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that testosterone replacement therapy can be utilized for the treatment of opioid induced hypogonadism associated with low testosterone levels. The records indicate that the patient is utilizing high dose opioids and multiple sedative medications concurrently. The use of multiple sedatives can be associated with sexual dysfunction without significant testosterone deficiency. The records show documentation of laboratory reports of normal and elevated levels testosterone. There is no record of laboratory confirmation of testosterone deficiency or complete evaluation by urologist confirming opioid induced hypogonadism. The criteria for the testosterone injections 200mg/ml 0.6ml weekly #3cc was not met.