

Case Number:	CM15-0076770		
Date Assigned:	04/28/2015	Date of Injury:	02/11/2005
Decision Date:	06/02/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/22/2015

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 50 year old male, who sustained an industrial injury on February 11, 2005. He has reported lower back pain and leg pain. Diagnoses have included chronic lower back pain with bilateral lower extremity radicular symptoms, gastroesophageal reflux disease, and depression with anxiety, and obstructive sleep apnea. Treatment to date has included medications, continuous positive airway pressure machine, and imaging studies. A progress note dated January 16, 2015 indicates a chief complaint of continued lower back pain and leg pain. The treating physician documented a plan of care that included medications and laboratory testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Complete lab and total testosterone and PSA and Vitamin D: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism Related to Opioids Page(s): 110-111. Decision based on Non-MTUS Citation Pazirandeh S, et al. Overview of vitamin D, Topic 2033, Version

17.0, UpToDate, accessed 01/06/2015. Vitamin D fact sheet for health professionals. NIH, Office of Dietary Supplements, accessed 05/24/2015. <http://ods.od.nih.gov/factsheets/VitaminD-HealthProfessional/>Basile J, et al. Overview of hypertension in adults. Topic 3852, version 27.0. UpToDate, accessed 01/06/2015.

Decision rationale: The MTUS Guidelines support the evaluation of the blood test for the prostate-specific antigen (PSA) for men who are using opioids long-term at high doses, are experiencing signs of decreased hormones produced by the sex glands as a result, and who are going to start replacement therapy with testosterone. The MTUS Guidelines are silent on the issue of testing for the various vitamin D levels. Vitamin D helps absorb calcium from the gut into the blood and maintains an important balance in the blood between the levels of calcium and phosphate. These roles are primarily important for healthy bone growth and normal bone remodeling. There are several different blood tests available to test for the vitamin D level, and the 25-hydroxy-vitamin D level is a good marker for the status of vitamin D in the body. The submitted and reviewed documentation indicated the worker was experiencing pain in the lower back and legs, depressed and anxious moods, and problems sleeping. These records reported the worker's total vitamin D level was low but the PSA and total testosterone levels were normal on 11/19/2014. The submitted and reviewed documentation did not indicate a reason these blood tests were needed. Guidelines do not recommend routine monitoring of these levels as a part of the worker's reported conditions or during therapy with the documented medications. Further, one of the requested tests was not specified. For these reasons, the current request for testing an unspecified complete lab, total testosterone, prostate specific antigen (PSA), and vitamin D is not medically necessary.