

<b>Case Number:</b>	CM15-0077769		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	01/24/2001
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 67-year-old male, who sustained an industrial injury on 1/24/2001. The injured worker was diagnosed as having post laminectomy syndrome, multi-level lumbar discogenic pain, depression secondary to chronic pain and disability, spinal cord stimulation paced 10/2012, and hypogonadism secondary to narcotic use. Treatment to date has included diagnostics and medications. A progress report (6/25/2014) noted treatment with Testim 1% gel due to low testosterone level (172 in 2/2013). Testosterone level on 6/30/2014 was 470. Currently, the injured worker complains of ongoing low back pain with radiation to the lower extremities, left greater than right, rated 8/10 current. Average pain level was 6/10 with medication use. Medications included Morphine, Norco, Trazodone, Neurontin, Zanaflex, Klonopin, Cymbalta, and Testim 1% gel. He walked on a treadmill 30-45 minutes daily, rode indoor bike for 25 minutes 2-3 times per week, and attended church weekly. The treatment plan included a prescription for Testosterone 50mg/5g package (#30 with 1 refill).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Testosterone 50/5 g #30 with one refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15, 18, 24, 66, 80, 110.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110. Decision based on Non-MTUS Citation <https://online.epocrates.com/>; AndroGel testosterone topical and Testosterone Deficiency.

**Decision rationale:** The MTUS states that testosterone replacement is "Recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. Hypogonadism has been noted in patients receiving intrathecal opioids and long-term high dose opioids. Routine testing of testosterone levels in men taking opioids is not recommended; however, an endocrine evaluation and/or testosterone levels should be considered in men who are taking long term, high dose oral opioids or intrathecal opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia. If needed, testosterone replacement should be done by a physician with special knowledge in this field given the potential side effects such as hepatomas." Epocrates states, "Early morning serum total testosterone level below 300 nanograms/dl on at least two separate occasions in a symptomatic man generally confirms the diagnosis of hypogonadism. Testosterone should be measured in all men with erectile dysfunction. Measurement of the gonadotropins (LH and FSH) distinguishes between a primary and a secondary cause." The medical records fail to document low testosterone labs as noted above. Also, there is no evidence of gynecomastia. As such, the request for Testosterone 50/5 g #30 with one refill is not medically necessary.