

<b>Case Number:</b>	CM15-0101736		
<b>Date Assigned:</b>	06/04/2015	<b>Date of Injury:</b>	03/29/2013
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 55 year old male who sustained a work related injury March 29, 2013, after a truck accident. Since the accident, he began to experience extreme anxiety and depression. A psychological evaluation update by psychologist, dated December 8, 2014, found the injured worker anxious and paces around the room during therapy session. He experiences panic attacks when thinking of work and the stress encountered. His depressive symptoms included anhedonia, depressed mood, tearfulness, anxiety, poor concentration, poor sleep, poor appetite, feelings of hopelessness and helplessness, low self-esteem, and constant fatigue. According to a primary treating physician's progress report dated April 6, 2015, the injured worker presented for an assessment session and medication management. Current medication included Trazodone, Brintellix, and Klonopin. He reports he is still dealing with anxiety and depression and also complains of headaches since increasing his Trazodone. He also reported he is not taking his Brintellix and Klonopin consistently. He continues in therapy with a psychologist which he finds helpful. Mental status examination: mood and affect-mood; "I am not doing well with anxiety and depression." Affect is appropriate to his mood less anxious. Thought content: Injured worker denies homicidal or suicidal ideation at this time. Impression is documented as post-traumatic stress disorder; major depression, single episode, moderate. Treatment plan included to decrease Trazodone and continue with Brintellix and Klonopin. At issue is a request for authorization for testosterone, thyroid stimulating hormone and fasting

metabolic panel. According to utilization review dated May 8, 2015, the requests for testosterone, thyroid stimulating hormone, and fasting metabolic panel are non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Testosterone:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/8875519>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Uptodate.com, Testosterone, Overview of testosterone deficiency in older men.

**Decision rationale:** MTUS is silent regarding Testosterone laboratory testing. Uptodate.com states Mood In the Longitudinal Aging Study Amsterdam, 608 men aged 65 years were observed yearly for three years for serum testosterone and Center of Epidemiologic Studies-Depression Scale (CES-D) [36]. Serum free testosterone concentrations below a threshold were associated with depressive symptoms, even after correction for possible confounders, and men in the lowest quintile for free testosterone was at greater risk for development of depressive symptoms than those in the upper four quintiles. In hypogonadal men, raising the serum testosterone concentration improved mood [37]. The medical documentation provided indicates this patient is diagnosed with depression and anxiety. Additionally, the treating physician documents multiple psychotropic medications. A review of the medical documentation does not indicate the patient has had blood work completed within the past 6 months. Monitoring of testosterone for older males is supported by UpToDate. Ruling out an endocrine disorder versus psychiatric disease is best practice. As such the request for Testosterone is medically necessary.

**Thyroid Stimulating Hormone:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1853349> and on the Non-MTUS <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1239143>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, mood disorders Assessment and diagnosis.

**Decision rationale:** MTUS is silent regarding TSH laboratory testing. Uptodate.com states Laboratory evaluation For patients with depressive symptoms in the absence of general medical symptoms or findings on examination, the utility of screening laboratory tests has not been demonstrated. Nevertheless, we suggest focused tests for new onset depression (especially if the psychosocial context or precipitant is not clear), severe depression (particularly patients with melancholic or psychotic features), or treatment-resistant depression [8]. Commonly performed screening laboratory tests include complete blood count, serum chemistry panels, urinalysis,

thyroid stimulating hormone, human chorionic gonadotropin (pregnancy), and urine toxicology screen for drugs of abuse. The medical documentation provided indicates this patient is diagnosed with depression and anxiety. Additionally, the treating physician documents multiple psychotropic medications. A review of the medical documentation does not indicate the patient has had blood work completed within the past 6 months. Monitoring of thyroid function to rule out thyroid disease versus psychiatric disease is a best practice. As such the request for TSH is medically necessary.

**Fasting Metabolic Panel:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMG0063066>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, mood disorders Assessment and diagnosis.

**Decision rationale:** MTUS is silent regarding Fasting Metabolic Panel laboratory testing. Uptodate.com states Laboratory evaluation For patients with depressive symptoms in the absence of general medical symptoms or findings on examination, the utility of screening laboratory tests has not been demonstrated. Nevertheless, we suggest focused tests for new onset depression (especially if the psychosocial context or precipitant is not clear), severe depression (particularly patients with melancholic or psychotic features), or treatment-resistant depression [8]. Commonly performed screening laboratory tests include complete blood count, serum chemistry panels, urinalysis, thyroid stimulating hormone, human chorionic gonadotropin (pregnancy), and urine toxicology screen for drugs of abuse. The medical documentation provided indicates this patient is diagnosed with depression and anxiety. Additionally, the treating physician documents multiple psychotropic medications. A review of the medical documentation does not indicate the patient has had blood work completed within the past 6 months. Monitoring of liver, electrolyte and kidney function for medication side effects is supported by guidelines. As such the request for Fasting Metabolic Panel is medically necessary.