Dr. Techy says,

Raising T is high tech.

BULLETIN NO. 6
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TESTOSTERONE TIPS

Dear Dr. Tennant,

I really learn a lot from you every time I here you speak. I now have a dilemma. My patient has low testosterone for narcotic use but Workers Comp. utilization review M.D. is denying. Do you have any magic statements articles to reference that may work.

Thank you very much,

Timothy Hooper M.D.

Dear Dr. Hooper,

Testosterone replacement is a problem, not just for Worker's Comp, but every third party payor. It's strictly a cost issue. All the commercial testosterone preparations including the injection form are very expensive. In order for me to get one of my patients a commercial testosterone preparation I have to show a low blood level and submit a prior authorization. Even with a low blood testosterone level, the carrier will often as not turn down the request on a cost basis.

Here are some of my tips and experiences, since I, as you, am having difficulty getting commercial testosterone preparations covered.

1. The injectable form of commercial testosterone is usually the cheapest, but I hate to use it since it alternatively overshoots and undershoots the normal serum range.

2. I have my local compounding pharmacist make me a 50 gram jar of 5-10% testosterone. It costs about $50 for a month's supply. The problem is that it won't hold a 24 hour blood level like the commercial preparations. It needs twice a day application.

3. Tell the insurance carrier and patient that testosterone is a co-factor in pain relief, and the patient may have to take more opioids and engage in other costly measures if he can't obtain testosterone[1,6].

4. Another option that I use when I can't get commercial testosterone is:

a) Human chorionic gonadotropin (HCG) 125-250 units; sub-lingual each day. I have this compounded at 250 units per ml. A 30 day supply (30-50 ml) costs about $50.00,

b) I supplement HCG with dehydroepiandrosterone (DHEA) 100 to 200 mg a day.

Here are 3 other tips regarding testosterone.

1. Rather than start a commercial testosterone preparation in females, I initially use the HCG//DHEA combination described above. If the serum testosterone doesn't come up to normal, I will use a commercial or compounded testosterone preparation starting at ¼th the male dosage.

2. I recommend that serum testosterone levels be followed in patients who take a testosterone preparation. It's my belief that cancer and benign prostatic hypertrophy (BPH) risk occurs when serum testosterone, over time, is too high or too low. Without testosterone some patients don't achieve decent pain control or quality of life, so the benefits outweigh the risks.

3. Besides testosterone, opioids may suppress pregnenolone, cortisol, and sometimes other hormones that have to be replaced. Patients who take long-acting or intrathecal opioids will almost always suppress some hormones including testosterone. Hormone suppression is a good reason to avoid long-acting and intrathecal opioids, and periodic serum hormone screening at least twice a year is necessary when long-acting or intrathecal opioids have to be used. The screen should consist of testosterone, pregnenolone, cortisol, dehydroepiandrosterone (DHEA), and progesterone as these hormones can now be screened on a single blood draw. The practitioner can easily replace any hormones found to be deficient.

Very truly yours,

Forest Tennant M.D., Dr. P.H.

References

1. Pednekar J, Mulgaonker VK. Role of testosterone on pain threshold in rats. Indian J Physiol Pharmacol. 1995;39:423-4.
2. Fischer L, Clemente JT, Tambeli CH. The protective role of testosterone in the development of temporomandibular joint pain. J Pain. 2007;8:437-42.
3. Forman IJ, Tingle V, Estilow S, Caler J. The response to analgesia testing is affected by gonadal steroids in the rat. Life Sci. 1989;45:447-54.
4. Mensah-Nyagan AG, Meyer L, Schaeffer V, Kibaly C, Patte-Mensah C. Evidence for a key role of steroids in the modulation of pain. Psychoneuroendocrinology. 2009;34(Suppl. 1):S169-77.
5. Aloisi AM, Ceccarelli I, Fiorenzani P, et al. Testosterone affects pain-related responses differently in male and female rats. Neurosci Lett. 2004;361:262-4.
6. Aloisi AM, Bonifazi M. **S**ex hormones, central nervous system and pain. Horm Behav. 2006;50:1-7.

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