

Case Number:	CM13-0056928		
Date Assigned:	12/30/2013	Date of Injury:	10/22/1999
Decision Date:	04/04/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old male who reported a work related injury on 10/22/1999. The patient has complaints of bilateral lumbar back pain radiating into his lower extremities and left buttock in a radicular pattern, primarily in the anterior thigh distribution. He is status post L3-5 fusion. Conservative care includes outpatient psychiatric visits. Medications include fentanyl patch, Norco, nitroglycerin, multivitamin, Lunesta, Soma, lisinopril, Flector patch, Levitra, and Requip. The patient was noted to be taking Levitra 20 mg as directed for sexual side effects from prescribed medications and for depression. A request has been made for Levitra 20 mg #12.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEVITRA 20MG #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110-111.

Decision rationale: Per recent clinical documentation, the patient continued to suffer from mild residual symptoms of major depression as a consequence of his occupational injury. His symptoms included depressed mood and anhedonia, gloomy attitude, feelings of

helplessness/hopelessness, sleep and appetite disturbance, lethargy, fatigue, and difficulty concentrating. The patient had been prescribed Levitra 20 mg for sexual side effects from prescribed medications and depression. It was noted the patient was warned about interaction with nitroglycerin as these were not to be taken at the same time. The patient was also noted to be prescribed injectable testosterone 0.75 mg weekly to assist in the patient's mood. California Medical Treatment Guidelines for Chronic Pain state that routine testing with 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 who exhibit symptoms or signs of hypogonadism, such as gynecomastia. Per submitted clinical documentation, there was no indication that a testosterone deficiency for the patient had been ruled out, and which would best be treated with testosterone replacement. There was evidence of testing of the patient's testosterone levels in the submitted clinical documentation and no rationale provided as to why the patient was taking Levitra along with testosterone therapy. Therefore, the request for Levitra 20mg #12 is non-certified.