

Case Number:	CM13-0064070		
Date Assigned:	01/03/2014	Date of Injury:	02/02/2010
Decision Date:	04/15/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/11/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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/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 49-year-old male who reported injury on 02/02/2010. The mechanism of injury was noted to be repetitive trauma. The clinical documentation indicated the patient's testosterone level, as of 05/22/2013, was 214 with normal being 250 - 1100 mg/dL. The patient's free testosterone was within normal levels. The documentation dated 10/03/2013 was the most recent documentation submitted for review. It was indicated that the patient's medications were working well and the medication side effects felt by the patient included constipation. The documentation of 07/08/2013 revealed the patient had sexual dysfunction. The patient indicated that his desire was intact, but his ability to achieve firm erections was impaired. With the result, the patient was generally unable to penetrate. The patient indicated that the feeling was accompanied with physical pain and a general feeling of diminished worth. The patient indicated he was given 4 Viagra to take as a sample and they were effective. The patient indicated he was not prescribed any medication due to the expense. The patient's diagnoses were noted to be multiple related to pain. The patient was additionally diagnosed with possible sexual dysfunction as a result of pain medications and pain. The requests as submitted were for DOK 100 mg #60 and Viagra 100 mg #5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg #5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS Guidelines indicate that testosterone replacement for hypogonadism related to opioids is recommended in limited circumstances for patients taking high dose, long term opioids with documented low testosterone levels. The clinical documentation submitted for review indicated the patient had a decreased level of total testosterone and a normal level of free testosterone as of 05/14/2013. There was a lack of documentation of recent laboratory values to support the necessity for treatment with Viagra. Given the above, the request for Viagra 100mg #5 is not medically necessary.

DOK 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiation of Opioid Therapy Page(s): 77.

Decision rationale: Per California MTUS, when initiating opioid therapy, prophylactic treatment of constipation should be initiated. The clinical documentation submitted for review indicated the patient had signs and symptoms of constipation. However, there was a lack of documentation indicating the duration the patient had been using the medication and the efficacy of the medication. Given the above, the request for DOK 100mg #60 is not medically necessary.