

<b>Case Number:</b>	CM13-0067741		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	05/03/2011
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 injured worker is a 31-year-old male who reported an injury on 05/03/2011. The mechanism of injury was not provided. The injured worker reportedly sustained an injury to his low back. The injured worker was evaluated on 09/17/2013. It was documented that the injured worker complained of fatigue, decreased libido, and overall muscle weakness. It was documented that the injured worker's serum testosterone level was very low at 79. Physical findings included tenderness to palpation at the L4-5 with limited range of motion secondary to pain. The injured worker's diagnoses included lumbar sprain/strain, lumbar facet arthropathy, and degenerative disc disease of the lumbar spine. The injured worker's treatment plan included the use of AndroGel 10 gm per day, Norco 10/325 mg, Gabapentin 600 mg, Cialis, Soma 350 mg, and additional lab testing to monitor testosterone and vitamin D levels. The injured worker was again evaluated on 11/26/2013. It was documented that the injured worker was obtaining functional pain control with current medication schedule in addition to aquatic physical therapy. Physical findings included tenderness to palpation over the L4-5 spinous process with bilateral paralumbar musculature tenderness and spasming, with restricted range of motion secondary to pain. A refill of medications was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CIALIS 20MG 1 Q OD #5 WITH 1 REFILL:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.rxlist.com/cialis-drug/indications-dosage.htm>

**Decision rationale:** California Medical Treatment Utilization Schedule and Official Disability Guidelines do not specifically address this medication. An online resource, rxlist.com, indicates that this medication is for the use of erectile dysfunction and benign prostatic hyperplasia. The clinical documentation submitted for review does indicate that the injured worker has complaints of decreased sex drive. However, the clinical documentation does not provide an adequate assessment to support the diagnosis of erectile dysfunction. Therefore, the use of this medication would not be supported. Additionally, the clinical documentation does indicate that the injured worker has been using this medication for an extended period of time. However, the effectiveness of this medication is not well-presented within the documentation. Therefore, continued use would not be supported. As such, the requested Cialis 20mg #5 with 1 refill is not medically necessary or appropriate.

**ANDROGEL SPRAY 2 SPRAY EVERY DAY # 5 BOTTLES:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement For Hypogonadism (Related To Opioids) Page.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Testosterone Replacement For Hypogonadism (RELATED TO OPIOIDS)

**Decision rationale:** California Medical Treatment Utilization Schedule does not address this request. Official Disability Guidelines do not recommend the routine use of testosterone replacement unless an injured worker has been on high doses of opioid therapy for an extended duration of treatment, undergoes intrathecal opioid treatment, and exhibits signs of hypogonadism. The clinical documentation submitted for review does indicate that the injured worker had a lab test that reported very low testosterone. However, no other support for hypogonadism was provided. Additionally, the clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended period of time. No functional benefits or clinical response was provided to support continued use of this medication. As such, the requested Androgel spray is not medically necessary or appropriate.