

<b>Case Number:</b>	CM14-0011876		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/11/2001
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	01/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 33-year-old male who has submitted a claim for pelvic fracture status post urethroplasty for urethral disruption with urinary complaints; erectile dysfunction and sexual dysfunction; left ear laceration, total loss, status post multiple reconstruction surgeries associated from an industrial injury date of September 11, 2001. Medical records from 2013 were reviewed, the latest of which dated December 23, 2013 revealed that the patient still complains of left anterior pelvic pain. He still has urinary complaints with urgency and intermittent weak stream, which improved since surgery. The patient still has sexual dysfunction with erectile dysfunction due to pain and pelvic fracture. He states that Levitra is helpful. On physical examination, inspection reveals grafted skin on the left ear with deformity and minor hair growth. Treatment to date has included urethroplasty for urethral disruption, left ear reconstruction surgery, home exercise program, and medications that include Benadryl, Levitra and Norco. Utilization review from January 20, 2014 denied the request for unknown annual urology follow-up visits because the patient had a recent urological evaluation (8/22/13) with no noted medical necessity for follow-up evaluation before one year from the date, and denied the requests for one prescription of benadryl 25mg and one prescription of levitra 20mg because the total quantity requested was not specified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**UNKNOWN ANNUAL UROLOGY FOLLOW-UP VISITS:** Upheld

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

**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, Office visits.

**Decision rationale:** CA MTUS does not address the topic on follow-up visits. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines was used instead. ODG states that evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, to monitor the patient's progress, and make any necessary modifications to the treatment plan. In this case, urologist last saw the patient on August 2013. In the most recent clinical evaluation, the patient still complains of left anterior pelvic pain. He still has urinary complaints with urgency, intermittent weak stream, and erectile dysfunction due to pain and pelvic fracture. However, there is no worsening of subjective complaints and objective findings, or documentation of new injury or trauma that may warrant follow-up visit before one year from the last visit. The medical necessity for follow-up visit was not established. The quantity of office visits is likewise not specified. Therefore, the request for unknown annual urology follow-up visits is not medically necessary.

**ONE PRESCRIPTION OF BENADRYL 25MG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/benadryl.html>.

**Decision rationale:** CA MTUS and ODG do not address the topic on Benadryl. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Food and Drug Administration was used instead. The FDA states that Benadryl is indicated for the temporary relief of occasional headaches and minor aches and pains with accompanying sleeplessness. In this case, the patient has been on Benadryl since September 2013 for itching around the grafted ear. In the most recent clinical evaluation, there is no documentation of itching. Also, there is no documented complaint of headache, minor aches and pains, or sleeplessness. Moreover, the amount to be dispensed was not specified. Therefore, the request for one prescription of Benadryl 25mg is not medically necessary.

**ONE PRESCRIPTION OF LEVITRA 20MG:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: The American Urological Association Treatment Guidelines.

**Decision rationale:** The CA MTUS, ODG and ACOEM do not address the medical necessity for use of phosphodiesterase inhibitors for the treatment of erectile dysfunction. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the American Urological Association Treatment Guidelines was used instead. The guidelines recommend phosphodiesterase type 5 inhibitors as a first-line therapy for erectile dysfunction, unless contraindicated following an in-person evaluation that includes sexual, medical, and psychosocial histories as well as laboratory tests thorough enough to identify comorbid conditions that may predispose the patient to ED and that may contraindicate certain therapies. In this case, the patient has been on Levitra since August 2013 for sexual dysfunction due to industrial injury to the pelvic region. In the most recent clinical evaluation, the patient still has erectile dysfunction due to pain and pelvic fracture. He states that Levitra is helpful. However, there is no documentation of an evaluation of sexual function, including physical examination. Also, there is no identification of comorbid conditions that may contraindicate certain drug therapies and address other causes of sexual dysfunction, in addition to providing any additional testing necessary before implementation of drug treatment. Moreover, the amount to be dispensed was not specified. Therefore, the request for one prescription of levitra 20mg is not medically necessary.