

Case Number:	CM14-0114857		
Date Assigned:	08/13/2014	Date of Injury:	01/06/1996
Decision Date:	09/11/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/16/2014

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 Internal Medicine 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 primary treating physician's progress report PR-2 dated 04-08-2014 documented subjective complaints of decreased swelling, pain, cramping. Objective findings were oral osteomyelitis mandible treated. Diagnoses were severe degenerative joint disease of bilateral hips and complex regional pain syndrome. Work status was retired. Treatment plan was request for authorization for Androgel and Viagra. Request for authorization RFA dated 04-08-2014 requested Androgel 1.62% and Viagra 100 mg. Office visit note dated 04-07-2014 documented a history of hypotestosteronism. Medications were MS Contin, Oxycodone, Flexeril, Intermezzo, and Rozerem. Laboratory test dated 08-21-2012 report a total testosterone level of 155ng/dl. Utilization review decision date was 04-15-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Androgel 1.62 pump x1 monthly: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110-111.

Decision rationale: The medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 110-111) address testosterone replacement for hypogonadism related to opioids. Testosterone replacement is recommended in limited circumstances for patients taking high-dose long-term opioids with documented low testosterone levels. An endocrine evaluation and/or testosterone levels should be considered in men who are taking long term high dose oral opioids and who exhibit symptoms or signs of hypogonadism, such as gynecomastia. If needed, testosterone replacement should be done by a physician with special knowledge in this field given the potential side effects such as hepatomas. The Endocrine Society Clinical Practice Guideline titled Testosterone Therapy in Adult Men with Androgen Deficiency Syndromes published in the Journal of Clinical Endocrinology & Metabolism (2010) recommend making a diagnosis of androgen deficiency only in men with consistent symptoms and signs and unequivocally low serum testosterone levels; recommend testosterone therapy for men with symptomatic androgen deficiency; recommend against starting testosterone therapy in patients with prostate cancer, a palpable prostate nodule or induration or prostate-specific antigen greater than 4 ng/ml; suggest aiming at achieving testosterone levels during treatment in the mid-normal range. Men receiving testosterone therapy should be monitored using a standardized plan. Primary treating physician's progress report PR-2 dated 04-08-2014 documented diagnoses of severe degenerative joint disease of bilateral hips, complex regional pain syndrome, and oral osteomyelitis mandible. Request for authorization (RFA) dated 04-08-2014 requested Androgel 1.62% and Viagra 100 mg. Progress reports dated 04-08-2014, 04-07-2014, and 03-05-2014 did not document symptoms or signs of low testosterone levels. Laboratory tests dated 08-21-2012 reported a total testosterone level of 155ng/dl. There were no laboratory tests documented for the period from 08-21-2012 through 04-08-2014, which was the RFA date. No past prescriptions for Androgel or other testosterone replacement therapy were noted in the progress reports. The physical examination does not document a prostate examination or gynecomastia. The medical records do not support the use of Androgel (testosterone gel). Therefore, the request for Androgel 1.62 pump x1 monthly is not medically necessary.

Viagra 100mg x 30, bimonthly: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Information Viagra (sildenafil) www.drugs.com/pro/viagra.html.

Decision rationale: The medical Treatment Utilization Schedule (MTUS) does not address Viagra (sildenafil). FDA Prescribing Information reports that Viagra is indicated for the treatment of erectile dysfunction. Progress reports dated 04-08-2014, 04-07-2014, and 03-05-2014 did not document symptoms or signs of erectile dysfunction. The diagnosis of erectile dysfunction was not documented. There is a lack of clinical evidence to support the use of Viagra. Therefore, the request for Viagra 100mg x 30, bimonthly is not medically necessary.

