MAXIMUS Federal Services

Case Number:	CM14-0055829		
Date Assigned:	07/09/2014	Date of Injury:	04/18/2005
Decision Date:	08/07/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/25/2014

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, has a subspecialty in Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on 04/18/05. Treatments have included a left total knee replacement. He has possible RSD (Reflex sympathetic dystrophy) and a left peroneal nerve injury related to the knee replacement. He is being treated for hypertension, depression, and is reported to have sexual dysfunction. Treatments have included cognitive behavioral therapy. He was seen by the requesting provider on 12/10/13. He was having left lower extremity weakness. Pain was rated at 4/10. He was noted to ambulate with a limp and was using a cane. He had decreased left lower extremity sensation with a positive left straight leg raise. There was left knee tenderness. Although the assessment references a diagnosis of sexual dysfunction not further described. Lyrica, Wellbutrin, and Butrans were refilled. On 01/07/14 medications also included Maxzide and Pennsaid. On 03/06/14 his condition and care appears unchanged. Medications were refilled. He was referred for a psychological assessment. He was seen on 04/03/14. Medications were refilled. Medications were Lyrica 200 mg three times per day, Wellbutrin XL 300 mg per day, Pennsaid four times per day, Maxzide 37.5/25 mg two times per day, and Butrans 10 mcg per week.On 04/28/14 he was seen for follow-up of hypertension. Review of systems was positive for hypotestosteronism. He was noted to ambulate with a cane. There was a diagnosis of hypertension and Maxzide was prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Testred cap 10 mg # 90 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES/PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Testosterone replacement for hypogonadism.

Decision rationale: The claimant has a remote history of a work-related injury and continues to be treated for chronic pain. Medications include the Butrans, Lyrica, Wellbutrin, and the combination antihypertensive Maxzide.In this case, absent from the information provided are an adequate history and description of the claimant's sexual dysfunction and an appropriate assessment for possible underlying causes. Sexual dysfunction due to decreased libido may be primary and due to psychologic causes, or secondary which would include hormonal deficiency, diabetes, atherosclerosis, hypertension, peripheral vascular disease, and pharmacologically-induced effects which, in this case, could be related to several of the claimant's currently prescribed medications. Additionally, although testosterone replacement can be recommended in limited circumstances for patients taking high-dose long-term opioids, criteria include documented low testosterone levels and the results of any testosterone level testing was not provided. Therefore, the request for Testred cap 10 mg # 90 with 2 refills is not medically necessary and appropriate.