MAXIMUS Federal Services

Case Number:	CM14-0189063		
Date Assigned:	12/30/2014	Date of Injury:	05/24/2000
Decision Date:	01/30/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/12/2014

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 Occupational 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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 24, 2000.In a Utilization Review Report dated October 16, 2014, the claims administrator denied a request for AndroGel and Viagra. In its Utilization Review Report of October 16, 2014, the claims administrator did state that the applicant had received laboratory testing of December 12, 2013, which was suggestive of a low testosterone level of 160. The claims administrator also alluded to an April 16, 2014 consultation in which the applicant reportedly had issues with hypogonadism, decreased libido, decreased muscle mask, and diminished erections. The claims administrator suggested that the reports of hypogonadism had not been altogether substantiated.The applicant's attorney subsequently appealed.On the IMR application dated January 12, 2014, the applicant's attorney stated that he was appealing both AndroGel and Viagra.The claims administrator also referenced September 10, 2014, progress note in its denial. The claims administrator stated that some portions of the attending provider progress notes were handwritten, difficult to follow, and not entirely legible. In said September 13, 2014 progress note, the applicant did reportedly complain of sexual dysfunction, fatigue, and alleged low testosterone. The applicant was given prescriptions for AndroGel for hypogonadism and Viagra for sexual dysfunction.In a May 19, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the legs. The applicant was on Skelaxin, Elavil, Colace, Effexor, Lyrica, Prilosec, MiraLax, Catapres, Lunesta, Morphine, and Norco, it was stated. The applicant's BMI was 26. The attending provider was apparently in the process of pursuing genetic testing. The applicant had failed a lumbar fusion surgery. The applicant was having to have further surgery, it was stated. Some sessions of the progress note suggested that the spinal cord stimulator unit had proven successful while other sections of the note stated that spinal cord

stimulator interrogation had not been altogether successful.In a medical-legal evaluation of December 3, 2003, it was acknowledged that the applicant was not working and last worked in 2000. Persistent complaints of low back pain radiating to right leg were appreciated. The applicant was using MS Contin, Norco, Zanaflex, Elavil, Neurontin, Remeron, Ambien, and Prilosec, it was stated. The applicant had a variety of derivative psychiatric issues, it was further noted. The applicant was described as a qualified injured worker. The applicant has had extensive physical therapy, it was further acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Androgel 1% 2.5g: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com/viagra-drug

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism Page(s): 110.

Decision rationale: While page 110 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that testosterone replacement for hypogonadism is recommended in limited circumstances where the applicant is taking high-dose, long-term opioids with documented low testosterone levels, in this case, however, the handwritten progress of September 30, 2014 does not clearly document low testosterone levels. While the attending provider stated that the applicant's testosterone levels were low. This was neither elaborated nor expounded upon. The attending provider did not explicitly reference the low testosterone value on which the diagnosis of hypogonadism was allegedly established. The attending provider did not, furthermore, outline what aspects of the applicant's clinical presentation were consistent with hypogonadism, such as gynecomastia, for instance. While the claims administrator did suggest in its UR report that the applicant may have had a historical office visit of December 2, 2013, on which the applicant may have had a low testosterone level, this was not clearly established. This was equivocal and ambiguous, the claims administrator posited. Said December 12, 2013 office visit was not, furthermore, incorporated into the independent medical review packet. The laboratory testing in question was not furnished. No recent laboratory testing surrounding the office visit of September 17, 2014, was furnished so as to establish ongoing, residual issues with hypogonadism, which would warrant continued usage of AndroGel. Therefore, the request was not medically necessary.

Viagra 1000mg #6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.rxlist.com/viagra-drug

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urologic Association (AUA) Management of Erectile Dysfunction Guidelines

Decision rationale: The MTUS does not address the topic. While the American Urologic Association (AUA) does acknowledge that 5-phosphodiesterase inhibitors such as Viagra are a first line therapy for erectile dysfunction, the AUA qualifies its position by noting that applicants on 5-phosphodiesterase inhibitors should be periodically followed up upon to determine efficacy, side effects, and/or any significant changes in health status. Here, however, the attending provider's handwritten progress note of September 13, 2014 was difficult to follow, not entirely legible, and did not clearly establish whether the request represented a first time or a renewal request. Therefore, the request was not medically necessary.