

<b>Case Number:</b>	CM14-0192408		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	12/01/1995
<b>Decision Date:</b>	09/11/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

### 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 51-year-old male who sustained an industrial injury on December 01, 1995. A primary treating office visit dated November 06, 2013 reported the worker utilizing the following medications: Flexeril alternating with skelaxin and blood pressure medications. Of note, he is not prescribed any Opiates due to gynecomastia. The treating diagnoses were: right greater than left gynecomastia; right rotator cuff impingement with supraspinatus tear; lower extremity CRPS; depression, anxiety, somatic, preoccupation; status post anterior decompression with fusion at C5-6; history of bilateral lateral epicondylitis with carpal tunnel syndrome; left knee pain secondary to gait disturbance; hypertension, diabetes, weight gain, pre-existing gastric peptic ulcer disease and erectile dysfunction. Medications prescribed this visit were Flexeril. A primary treating office visit dated October 2014 reported "pain in general seems under better control", he gets shoulder injections every three months. He states having difficulty with his prescription care and he is still following up with pain management on a monthly basis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Levitra 40mg, #15 with 6 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com, Levitra.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** According to the MTUS guidelines, chronic opioid use can lead to low testosterone levels and potentially a decline in libido and erectile dysfunction. Testosterone replacement may be appropriate in those with hypogonadism. In this case, there is no indication of a low testosterone. There is no mention of erectile dysfunction. The term sexual dysfunction as described in the chart is broad and vague. The use of Levitra is for erectile dysfunction. The claimant has not been diagnosed with this disorder as it relates to the injury or use of medications. The erectile dysfunction was not substantiated. Although the claimant had opioid use, diabetes and gynecomastia, which may contribute to small vessel disease and hormonal suppression, there was no evidence of low testosterone. Levitra, therefore, is not medically necessary.