

Case Number:	CM15-0135378		
Date Assigned:	07/29/2015	Date of Injury:	09/17/2000
Decision Date:	09/24/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/13/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 45-year-old male, who sustained an industrial injury on September 17, 2000. He sustained multiple cranial and facial injuries and was comatose. The injured worker was diagnosed as having obstructive sleep apnea, traumatic brain injury, post-traumatic stress disorder, multiple facial fractures, post-traumatic vision syndrome, epistaxis-nose bleeds, pituitary dysfunction, behavioral deficits, right shoulder impingement syndrome, urologic deficits, organic origin impotence, and depression. Diagnostic studies to date have included: On March 11, 2015, lab work revealed normal glucose, electrolytes, blood urea nitrogen (BUN), creatinine levels, white blood count, and red blood count, hematocrit, and hemoglobin levels. The platelet count was minimally decreased and the liver function testing was normal. On May 28, 2015, a testosterone blood test revealed a level of 387 (250-1100). Surgeries to date have included: multiple facial reconstructive and placement of several plates in the skull, a right shoulder arthroscopic subacromial decompression with anterior acromioplasty, rotator cuff repair, and distal clavicular excision on February 10, 2015. Treatment to date has included physical therapy, psychotherapy, supported living services, neuro-music therapy, a continuous positive airway pressure (CPAP) machine, and medications including oral opioid analgesic, topical analgesic, antidepressant, anti-anxiety, hormonal supplement, muscle relaxant, a central nervous system stimulant and erectile dysfunction. There were no noted previous injuries. Comorbid diagnoses included history of hypertension. On March 18, 2015, the treating physician noted continued erectile dysfunction, poor libido, poor general feeling of well-being, and decreased strength. The injured worker reported his chief concern was severe and unchanged

sexual dysfunction, which included inability to initiate and maintain erection with all sexual encounters. His symptoms are worsened by medication. The treating physician noted that a Doppler ultrasound of the penis with vasoactive drugs with the development of a partial erection. In the morning he awakens with a partial erection. The treating physician noted that the injured worker's bioavailable testosterone in his lab work was normal and the free testosterone was low. The physical exam revealed left costovertebral tenderness. The genitourinary assessment was normal. The treatment plan included lab work: urinalysis, hematocrit, and hemoglobin. On June 4, 2015, the injured worker reported he is doing music therapy and is doing well with medication tapering. His right shoulder is improving with physical therapy. He is improving at the supported living services. The physical exam revealed mild impingement signs and decreased strength of the right shoulder. His gait is with a single point cane. Requested treatments include: crutches, Cialis, and labs: fasting lipid panel, complete blood count (CBC), hemoglobin A1C (HgA1C), chemistry 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fasting lipid panel lab: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.healthcentral.com/cncy/408/003468.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative Lab Testing.

Decision rationale: According to the ODG-TWC, preoperative lab testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Per the documentation submitted for review, on 3/11/15, lab work revealed normal glucose, electrolytes, blood urea nitrogen (BUN), creatinine levels, white blood count, red blood count, hematocrit, and hemoglobin levels. The platelet count was minimally decreased and the liver function testing was normal. There was not a rationale provided to support the requested lab testing. Therefore, the request is not medically necessary.

CBC lab: Overturned

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 Official Disability Guidelines (ODG) Low Back, Preoperative Lab Testing.

Decision rationale: According to the ODG-TWC, preoperative lab testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Per the documentation submitted for review, on 3/11/15, lab work revealed normal glucose, electrolytes, blood urea nitrogen (BUN), creatinine levels, white blood count, red blood count, hematocrit, and hemoglobin levels. The platelet count was minimally decreased and the liver function testing was normal. As the platelet count was low, the request is indicated. Therefore, the request is medically necessary.

HgA1C lab: 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) Low Back, Preoperative Lab Testing.

Decision rationale: According to the ODG-TWC, preoperative lab testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of treatment. Per the documentation submitted for review, on 3/11/15, lab work revealed normal glucose, electrolytes, blood urea nitrogen (BUN), creatinine levels, white blood count, red blood count, hematocrit, and hemoglobin levels. The platelet count was minimally decreased and the liver function testing was normal. No rationale was provided to support the requested lab testing. Therefore, the request is not medically necessary.

Chem 12 lab: 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) Low Back, Preoperative Lab Testing.

Decision rationale: According to the ODG-TWC, preoperative lab testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. Preoperative routine tests are appropriate if patients with abnormal tests will have a preoperative modified approach (i.e., new tests ordered, referral to a specialist or surgery postponement). Testing should generally be done to confirm a clinical impression, and tests should affect the course of

treatment. Per the documentation submitted for review, on 3/11/15, lab work revealed normal glucose, electrolytes, blood urea nitrogen (BUN), creatinine levels, white blood count, red blood count, hematocrit, and hemoglobin levels. The platelet count was minimally decreased and the liver function testing was normal. No rationale was provided to support the requested lab testing. Therefore, the request is not medically necessary.

Cialis 5mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lilly ICOS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation US National Library of Medicine, PubMed Health (<http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0012283>).

Decision rationale: According to the US National Library of Medicine, Tadalafil is used to treat men who have erectile dysfunction (also called sexual impotence). Tadalafil belongs to a group of medicines called phosphodiesterase 5 (PDE5) inhibitors. These medicines prevent an enzyme called phosphodiesterase type-5 from working too quickly. The penis is one of the areas where this enzyme works. Erectile dysfunction is a condition where the penis does not harden and expand when a man is sexually excited, or when he cannot keep an erection. When a man is sexually stimulated, his body's normal response is to increase blood flow to his penis to produce an erection. By controlling the enzyme, tadalafil helps to maintain an erection after the penis is stroked by increasing blood flow to the penis. Without physical action to the penis, such as that occurring during sexual intercourse, tadalafil will not work to cause an erection. The documentation notes that the injured worker has been refractory to other erectile medications including Viagra and Levitra. Viagra caused headaches and Levitra did not produce erection. Per the medical records, the injured worker has been using this medication since 10/2014 but there is no documentation of clinical benefit. Based on the absent evidence of efficacy, the request is not medically necessary.

Crutches: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee Chapter, Aetna Clinical Policy bulletin.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg, Walking aids (canes, crutches, braces, orthoses, & walkers).

Decision rationale: According to the Official Disability Guidelines, almost half of patients with knee pain possess a walking aid. Disability, pain, and age-related impairments seem to determine the need for a walking aid. Nonuse is associated with less need, negative outcome, and negative evaluation of the walking aid. There is evidence that a brace has additional beneficial effect for knee osteoarthritis compared with medical treatment alone, a laterally wedged insole (orthosis)

decreases NSAID intake compared with a neutral insole, patient compliance is better in the laterally wedged insole compared with a neutral insole, and a strapped insole has more adverse effects than a lateral wedge insole. Per the documentation submitted for review, it is noted that the injured worker is benefitting from the use of a single-point cane. No rationale was provided for the use of crutches. As such, the request is not medically necessary.