

<b>Case Number:</b>	CM15-0033060		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	09/15/2008
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: North Carolina  
Certification(s)/Specialty: Urology

### 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 29 year old male, who sustained an industrial injury on 9/15/2006. The mechanism of injury was not noted. The diagnoses have included erectile dysfunction due to opiate use and chronic pain. Treatment to date has included surgical (right inguinal hernia repair 12/11/2013) and conservative treatments. The progress report, dated 4/03/2014, referenced magnetic resonance imaging studies (10/15/2013) of the bilateral hips and lumbar spine as normal. Currently, the injured worker complains of sexual health concerns. The first was motorcycle injury associated erectile dysfunction that caused him to lose a relationship, and adverse effect of relationships since. He had tried Viagra with unreliable results. The second was motorcycle injury associated perineal pain during sitting. He was unable to sit on hard surfaces and to sit for extended periods of time, noted as consistent with pudendal neuropathy. Testosterone level was 221mg/dl on 9/02/2014. A physical exam was not noted. Treatment plan included a series of pudendal nerve local anesthesia-local steroid injections every six weeks. Progress report, dated 8/25/2014, pain and tenderness to palpation to Alcock's canal over pudendal nerve area. It was noted that he responded to Intracavernosal injections, but ran out of medication. He reported decreased libido and erections and felt that his penis had lost length and girth. On 1/28/2015, Utilization Review non-certified a request for Intracavernosal injection; Nerve block every 6 weeks, Testosterone Treatment, noting the lack of compliance with Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Intracavernosal injection, nerve block injections every 6 weeks, testosterone treatment:**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. Society for Endocrinology Position Statement on Male Hypogonadism and Ageing: [http://www.endocrinology.org/policy/docs/12-10\\_HypogonadismAndAgeing.pdf](http://www.endocrinology.org/policy/docs/12-10_HypogonadismAndAgeing.pdf) 2. Testosterone therapy in men with androgen deficiency syndromes: an Endocrine Society clinical practice guideline: <http://www.ncbi.nlm.nih.gov/pubmed/20525905> 3. Testosterone Replacement Therapy for Male Hypogonadism: Part III. Pharmacologic and Clinical Profiles, Monitoring, Safety Issues, and Potential Future Agents: [http://www.medscape.com/viewarticle/550321\\_](http://www.medscape.com/viewarticle/550321_).

**Decision rationale:** 29 year old male with chronic pain due to injury, he also has hypogonadism (testosterone level 221 mg/dl) and erectile dysfunction. Treatment with Viagra has not been effective. Request is for coverage of intracavernosal injections and testosterone replacement therapy. Intracavernosal injections for erectile dysfunction are an acceptable treatment option when PDE5 medications such as Viagra are ineffective or contra-indicated. Hypogonadism is a common occurrence in patients with chronic pain that require chronic use of pain medication. Testosterone replacement is an appropriate treatment in this case. A pain treatment expert should be consulted with regards to the perineal pain treatment question. Additional guideline: 4. The Management of Erectile Dysfunction: <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm>