

Case Number:	CM15-0052770		
Date Assigned:	03/26/2015	Date of Injury:	04/07/2004
Decision Date:	05/01/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/20/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 55-year-old who has filed a claim for chronic low back pain, chronic neck pain, depression, anxiety, and insomnia reportedly associated with an industrial injury of April 7, 2004. In a Utilization Review report dated February 20, 2015, the claims administrator failed to approve a request for reported trials of Depo-Testosterone and Viagra. The claims administrator referenced a December 15, 2014 progress note and associated RFA form in its determination. The claims administrator stated that the attending provider failed substantiate or corroborate an alleged diagnosis of hypogonadism. Despite the fact that the MTUS addressed the topic, non-MTUS Guidelines were invoked in the determination. The applicant's attorney subsequently appealed. In a December 29, 2014 Mental Health Progress note, the applicant was described as permanent and stationary from a mental health standpoint. The applicant's mental health issues of depression continued to wax and wane, it was acknowledged. The applicant reported vague issues with suicidal ideations. It did not appear that the applicant is working following imposition of previous mental health limitations, it was acknowledged. On July 1, 2014, the applicant reported ongoing complaints of neck, low back, shoulder, and upper extremity pain, averaging 8-9/10. The applicant is using Lunesta, oxycodone, OxyContin, morphine, Zohydro, Effexor, Nexium, and Remeron, it was acknowledged. The applicant is still smoking. Multiple medications were renewed. The applicant's work status was not explicitly discussed, although it did not appear that the applicant was working following earlier failed cervical fusion surgery. On May 12, 2014, the attending provider ordered laboratory testing to include a PSA, testosterone level, and estrogen level, to be performed on November 10, 2014. On December 17, 2014, the applicant reported multifocal neck pain, low back pain, and shoulder pain status post earlier failed cervical spine surgery. The applicant developed significant

depressive symptoms, it was acknowledged. The applicant's pain scores of 8.5/10 were reported. Lumbar MRI imaging, Lunesta, oxycodone, Valium, and OxyContin were endorsed. There was no mention of issues with hypogonadism or erectile dysfunction evident on this date. A pain management note dated November 19, 2014 likewise reiterate the request for lumbar MRI imaging, suggested that the applicant remain off of work, but made no mention of either hypogonadism or sexual dysfunction. In a progress note dated March 4, 2015, the applicant reported multifocal complaints of neck, shoulder, upper extremity, low back, and lower extremity pain complaints. The applicant did report issues with derivative complaints of depression, anxiety, reflux, and sexual dysfunction, stated in another section of the note. The applicant is using OxyContin, Valium, baclofen, Lunesta, and Effexor, stated in yet another section of the note. It was stated that the applicant had been offered 10 sessions of physical therapy for several months toward the bottom of the report. Multiple medications were refilled. There was no mention of the applicant using Viagra as of this point in time, nor was stated whether or not Viagra was or was not effective here. On June 7, 2013, the applicant's psychiatrist suggested that the applicant was using testosterone as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial Depo Testosterone, with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Testosterone Treatments: Why, When and How?, Am Fam Physician, May 2006.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

Decision rationale: No, the request for a trial of Depo-Testosterone with one refill was not medically necessary, medically appropriate, or indicated here. While page 110 of the MTUS Chronic Pain Medical Treatment Guidelines does recommend testosterone replacement for hypogonadism in limited circumstances in high-dose long-term opioid usage with documented low testosterone level, in this case, however, documented low testosterone levels were not evident on a March 7, 2015 office visit referenced above. It was not stated whether the applicant in fact had laboratory-confirmed hypogonadism, nor was it established that the applicant had developed clinical manifestations of hypogonadism, such as gynecomastia. No recent laboratory studies were on file establishing the present of laboratory confirmed hypogonadism as of the date of the request. Therefore, the request was not medically necessary.

Viagra 100 mg Qty 14, with 6 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR.net (Viagra).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm> CHAPTER 1: AUA GUIDELINE ON THE MANAGEMENT OF ERECTILE DYSFUNCTION: DIAGNOSIS AND TREATMENT RECOMMENDATIONS.

Decision rationale: Similarly, the request for Viagra, a 5-phosphodiesterase inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it is being prescribed into his choice of recommendations. Similarly, the American Urological Association (AUA) likewise notes that applicants receiving 5-phosphodiesterase inhibitor therapy should be periodically followed up on to ascertain efficacy, side effects, and/or any significant changes in health status. Here, multiple progress notes, referenced above, contain no references to the applicant's issues with erectile dysfunction, which were only infrequently described. The applicant's issues with erectile dysfunction were not well characterized, including in March 2015. It was not clearly stated or clearly established whether or not ongoing usage of Viagra had or had not proven effective in ameliorating the applicant's allegations of erectile dysfunction. Therefore, the request was not medically necessary.