

Case Number:	CM14-0128726		
Date Assigned:	08/18/2014	Date of Injury:	01/25/2007
Decision Date:	10/17/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/13/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 38 year old male who was injured on 1/25/2007. He was diagnosed with cervicgia, brachial neuritis/radiculitis, and lumbago. He was treated with various medications including opioids, NSAIDs, and muscle relaxants for his chronic pain. He was also diagnosed with "decreased libido" or hypogonadism secondary to chronic pain and opioid analgesics, and was treated with testosterone (Fortesta) and Viagra for this. On 7/8/14, the worker was seen by his pain specialist physician complaining of his chronic neck, arm, low back, leg, and headache pain. His medications were discussed and included Methadone, Oxycodone, Oxycontin, Fortesta, Celebrex, baclofen, Viagra, Sancuso patch, Lunesta, and Zomig. No specific report was made about his libido and benefits of his Fortesta and Viagra use. He was then recommended to continue his medications including his opioids, Viagra, and Fortesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra (Slidenafil) 100mg #10: Upheld

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

<http://www.ncbi.nlm.gov/pmc/articles/PMC1874251/> Ian Eardley, Peter Ellis, and Maria Wulff

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: Medscape, sildenafil (Viagra): (<http://reference.medscape.com/drug/revatio-viagra-sildenafil-342834>)

Decision rationale: The MTUS Guidelines do not address sildenafil use. Viagra (sildenafil) is used for erectile dysfunction and pulmonary arterial hypertension, not for decreased libido related to decreased testosterone. In the case of this worker, the reported diagnosis of hypogonadism should be remedied successfully with testosterone supplementation alone if any erectile dysfunction was directly related to the hypogonadism. However, due to psychological and cardiovascular causes of erectile dysfunction being very common with or without hypogonadism, it is difficult to clearly attribute any erectile dysfunction to opioid-induced hypogonadism. Therefore, there should not be any medical need for Viagra, based on the information gathered in the notes available for review in this case. See #2 for additional rationale and reference. The request is not medically necessary.

Foresta (Testosterone) 10mg/0.5 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Pag.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids), Page(s): . 110-111.

Decision rationale: The MTUS Chronic Pain Guidelines state that testosterone supplementation is recommended in limited circumstances for documented cases of low testosterone levels associated with symptoms of low testosterone (gynocomastia, decreased libido, etc.) and only when clearly associated with chronic high-dose opioid use. Decreased sexual function can also be related to normal aging, diabetes, side effects of other medication besides opioids (antidepressants, certain anti-epileptics), cardiovascular disease, and hypertension, any of which may confound any determination of causation from opioid use alone. There is little information in peer-reviewed literature that discusses how to treat opioid-induced androgen deficiency. Prescribing testosterone, if considered, should be done by an experienced physician with a special knowledge in this field, given the potential side effects such as hepatomas. In the case of this worker, the supplemental testosterone (Fortesta) was used for some time leading up to this request. There is limited information on the specific symptoms and tests (testosterone levels) related to the decision to prescribing this medication to the worker. There is also no evidence to suggest that his decreased libido was related to any other cause besides his medications prescribed for his chronic pain. Without this documented history to help the reviewer make a full assessment for medical need, the testosterone is not medically necessary.