

<b>Case Number:</b>	CM14-0092475		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/06/2001
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	06/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 54-year-old male who reported an injury, the mechanism of which is unknown, on 11/06/2001. On 07/03/2014, his assessment included chronic discogenic spinal pain, failed back surgery syndrome, narcotic dependency, erectile dysfunction, status post L5-S1 discectomy and anterior fusion and status post L4-5 decompression and interbody fusion. His medications included testosterone cypionate 200 mg/cc, lorazepam 0.5 mg, Inderal 20 mg, Nortriptyline 25 mg, Viagra 100 mg, Motrin 800 mg, and methadone 10 mg. There was no rationale included in this workers chart. A request for authorization for the testosterone dated 06/10/2014 was included.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Testosterone Cypionate 200mg/cc Injection Solution #10 3 Refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism (related to opioids) Page(s): 110-111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Insert Section (for example Knee)>, <Insert Topic (for example Total Knee Arthroplasty)>).

**Decision rationale:** The request for Testosterone Cypionate 200mg/cc Injection Solution #10 3 Refills is not medically necessary. The California MTUS Guidelines recommend testosterone replacement in limited circumstances for patients taking high dose, long-term opioids with documented low testosterone levels. Routine testing of testosterone levels and then taking opioids is not recommended. However, an endocrine evaluation and/or testosterone level should be considered in men who are taking long-term, high dose oral opioids and who exhibit symptoms or signs of hypogonadism such as gynecomastia. There was no evidence in the submitted documentation regarding testing of testosterone levels or evidence of hypogonadism such as gynecomastia. Therefore, this request for Testosterone Cypionate 200mg/cc Injection Solution #10 3 Refills is not medically necessary.

**Viagra 100mg #15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone Replacement for Hypogonadism (related to opioids) Page(s): 110-111.

**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: Rxlist.com, Viagra.

**Decision rationale:** The request for Viagra 100mg #15 is not medically necessary. Per rxlist.com, for most patients, the recommended dose is 50 mg, taken as needed, approximately 1 hour before sexual activity. However, Viagra may be taken anywhere from 30 minutes to 4 hours before sexual activity. The maximum recommended dosing frequency is once per day. This request for Viagra 100 mg exceeds the recommendation of daily dose of 50 mg. Therefore, this request for Viagra 100mg #15 is not medically necessary.

**UDS (Urine Drug Screen):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The request for UDS (Urine Drug Screen) is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. There was no documentation in the submitted chart regarding appropriate long-term monitoring/evaluations, including previous drug screens. The submitted documentation indicates long-term use of methadone and Norco which exceeded the recommendations in the guidelines. The clinical information submitted failed to meet the evidence based guidelines for urine drug screen. Therefore, this request for UDS (Urine Drug Screen) is not medically necessary.