

<b>Case Number:</b>	CM15-0099946		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	10/03/2002
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 56 year old male who sustained an industrial injury on 10/3/02. The mechanism of injury is unclear. He currently complains of right knee pain and swelling, low back pain with a pain level of 7-8/10. In addition, he has inflammation of the glans and foreskin of the penis for several weeks' and retraction of the penis and testicles. He used Neosporin and the condition worsened. He had minimal improvement with Cialis and pentoxifylline. He has a good erection. He has sleep difficulties. He can perform activities of daily living but the more active he is the more pain he has. Medications are Norco, Zolpidem, Nuvigil. Diagnoses include chronic low back pain with right sciatica; probable right L5 radiculopathy; status post lumbar decompression and fusion L5-S1 (5/31/11); diabetes; bilateral knee pain, status post right total knee arthroplasty (1/28/13); status post left total knee arthroplasty (8/5/13); major depression; chronic opioid medication management status post completion of pain management and informed consent inflammation of the foreskin and glans; retraction of penis and testicles; depression. Treatments to date include medications, psychiatric treatment. In the progress note dated 1/3015 the treating provider's plan of care included a request for terazosin to decrease sympathetic activity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Terazosin HCL (hydrochloride) 2mg, unknown quantity: 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 [www.uptodate.com](http://www.uptodate.com) "terazosin".

**Decision rationale:** The request for Terazosin is considered not medically necessary. MTUS and ODG guidelines do not address the use of Terazosin. It is an alpha-blocker used to treat hypertension and benign prostatic hypertrophy. The patient was prescribed Terazosin for presumed sympathetic over-activity causing retraction of the penis. This condition does not appear related to his workers compensation injury. There is no rationale as to why this should be a covered treatment for this medical condition. Therefore, the request is not medically necessary.