MAXIMUS Federal Services

Case Number:	CM13-0028979		
Date Assigned:	11/27/2013	Date of Injury:	06/26/2007
Decision Date:	02/12/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Psychiatry, and is licensed to practice in California. 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 physician 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:

This case involves a 43 year old male who was injured with a trailer was overloaded and a dishwasher fell on his head. He has suffered mood instability, including many depressive symptoms, and has been treated with Depakote, Viagra, Abilify, and Lunesta. The patient had problems with sexual desire and erectile dysfunction prior to his injury. He has also been treated with Cialis, but this has been discontinued. He has been treated with Xanax, Savella, and Latuda as well, but these medications are not on his current medication list.

IMR ISSUES, DECISIONS AND RATIONALES

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

15 Viagra 100mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.guideline.gov/content.aspx?id=10018&search=viagra.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Guideline Update Panel. The management of erectile dysfunction: an update. Baltimore (MD): American Urological Associate Education and Research, Inc.; 2005. Various p. [78 references]

Decision rationale: The California MTUS and the Official Disability Guidelines were silent on erectile dysfunction, so alternate guidelines were used. In the present case, it is not entirely clear if there has been testing of the type recommended by the Erectile Dysfunction Guideline Update Panel. However, it is reasonable to presume that the requesting physician performed an adequate physical exam, and already has ordered tests, or else will order tests over time as the system permits, and as deemed medically necessary. The issue here is whether Viagra is medically necessary. Based on the aforementioned guidelines, it is determined that this medication is medically necessary. There is no reason clinically or pharmaceutically to postpone treatment with Viagra while clinical testing proceeds. Therefore, the request is certified