

<b>Case Number:</b>	CM13-0038027		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	12/04/2007
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease 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:

The patient is a 65-year-old male who reported an injury on 12/04/2007. The mechanism of injury was stated to be the patient was stacking a 70-pound bundle and sprained his back. The patient's diagnosis is erectile dysfunction and the request was made for Omeprazole, Levitra, Viagra or Cialis, and DME: vacuum device or penile implant.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** California MTUS recommends proton pump inhibitors (PPI's) for the treatment of dyspepsia secondary to NSAID therapy. Clinical documentation submitted for review failed to indicate the efficacy of the medication and the necessity for the medication. Additionally, it failed to provide the patient had signs or symptoms of dyspepsia to support the use of this medication. There was a lack of documentation indicating the quantity and strength of the medication being requested. As such, the request for Omeprazole is not medically necessary.

**Levitra:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines do not address Levitra, the Physician Reviewer based his/her decision on <http://www.drugs.com/search.php?searchterm=Levitra>

**Decision rationale:** Per drugs.com, Levitra works by helping muscles relax and increase blood flow to the penis during sexual stimulation and helps men achieve and maintain erection. Per the examination note dated 06/03/2013, the patient had been on Levitra and was able to maintain an erection and have orgasm and the medication was noted to be effective. The penile Doppler study indicated the patient had strong evidence of vasculogenic etiology for erectile dysfunction. The patient's testosterone level was noted to be within normal limits. The patient was noted to have mild erectile dysfunction. It was noted the Levitra was effective, this request would be supported; however, there is a lack of documentation indicating the quantity of pills being requested and the strength. Given the above, the request for Levitra is not medically necessary.

**Viagra or Cialis:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines do not address Viagra or Cialis, the Physician Reviewer based his/her decision on <http://www.drugs.com/search.php?searchterm=Cialis> and <http://www.drugs.com/search.php?searchterm=Viagra>.

**Decision rationale:** Per drugs.com, both medications are used to treat erectile dysfunction. However, clinical documentation submitted for review indicated the patient had previously responded to Levitra and failed to provide the necessity for additional medications. Additionally, there is a lack of documentation of quantity as well as strength. Given the above as well as the lack of documentation and the lack of necessity for 3 medications for the same issue, the request for Viagra or Cialis is not medically necessary.

**DME: vacuum device or penile implant:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines do not address DEM: vacuum device or penile implant, the Physician Reviewer based his/her decision on Carson, C. C. (2013). Penile implants: newer devices provide improved function, safety and satisfaction. Trends in Urology & Men's

**Decision rationale:** Per Carson, C. C., (2013) "Surgical intervention for the restoration of erectile function involves implantation of an inflatable penile prosthesis." The clinical documentation submitted for review indicated the patient had mild erectile dysfunction. Additionally, it noted that the patient was responding to the treatment of Levitra. Per the Primary Treating Physician's Review of Records, dated 07/16/2013, page 4, [REDACTED] in the 06/03/2013 panel Qualified Medical Examination in urology indicated that the use of a vacuum device may be helpful and possibly use of a penile implant if oral agents or vacuum device are not effective. Clinical documentation indicated the use of oral agents was effective. There was a lack of documentation indicating the necessity for a vacuum device or a penile implant. Given the above, the request for DME: vacuum device or penile implant is not medically necessary.