

Case Number:	CM13-0039108		
Date Assigned:	12/18/2013	Date of Injury:	12/01/2009
Decision Date:	04/03/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/03/2013

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 and is licensed to practice in New York. 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.

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 year old male with a date of injury of 12/01/2009. He was driving with his seat belt on at 60 miles an hour when his brakes malfunctioned and he rear ended a vehicle. Airbag did not deploy. He sustained an injury to his cervical spine, left elbow, lumbosacral spine, right knee and he had left upper extremity numbness. On 09/20/2012 he had a left L5-S1 hemilaminectomy, facetectomy, microdiscectomy, foraminotomy with decompression. He has a history of sexual dysfunction secondary to back pain and depression. On 05/13/2013 he had a left lower extremity sensory abnormality. He also had urinary and bowel control complaints. On 08/28/2013 he had increased back pain and left lower extremity numbness. He had soreness/pain of this left shoulder, elbow and wrist. Lumbar flexion was 46 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

VIAGRA 100MG 1 OD #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelin Clearinghouse (NGC)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA approved packet insert for Viagra

Decision rationale: The MTUS/ACOEM and ODG Guidelines do not address the medical necessity for Viagra to treat erectile dysfunction. Based on the medical records provided for review the patient had lumbar surgery and continues to have persistent pain. After the surgery he

continues to have problems controlling bladder and bowels. He has chronic pain and depression. The patient has erectile dysfunction, perhaps related to chronic pain, lumbar injury with loss of bowel and bladder control or from the resulting depression from his injuries. In any case he has erectile dysfunction which is a FDA approved indication for Viagra. The use of Viagra for erectile dysfunction is a standard of care and is medically necessary and appropriate.