

Case Number:	CM13-0044192		
Date Assigned:	12/27/2013	Date of Injury:	08/16/2010
Decision Date:	02/28/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/31/2013

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 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 reported a date of injury August 16, 2010. The patient was injured while operating an industrial machine and accidentally cut off the fingers of his right hand. He stated that he had received multiple surgeries on his hand including reimplantation of his thumb, right index finger, and right middle finger. The patient also had skin graft as well as nerve graft from his lower legs. On September 28, 2013 report, a review of the patient's records showed moderately increased anxiety and depression due to problems with his leg related to the nerve transplant. The patient has post traumatic stress disorder syndrome with intrusive memories, disturbed sleep, flashback, jumpiness, nervousness, and triggering of the stress when exposed to external reminders. The patient has experienced major depression and it is noted the patient has medication-induced erectile dysfunction. His medication includes Lexapro and Lunesta. AME from February 4, 2013 states that the patient is able to function sexually well. The dispute is request for Viagra 100 mg once daily for 90 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg once daily #45 for 90 days: Overturned

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.currentpsychiatry.com/...cause-sexual-dysfunction/59906499777e

Decision rationale: The Viagra is medically necessary. The patient was taking antidepressant, Lexapro that is well known to cause impotence, mechanism is unclear, however, because of his condition, his age, and his history of PTSD, it is recommended that he will receive support and the prescription for the Viagra.