

Case Number:	CM13-0045612		
Date Assigned:	12/27/2013	Date of Injury:	06/19/2005
Decision Date:	05/23/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	11/12/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 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/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 of 06/19/2005. The report by [REDACTED] dated 08/30/2012 documents that the patient complains of erectile dysfunction that has started 3 to 4 months after surgical treatment. He has weakness or rare erections but normal libido and he has tried Viagra which did help with his erection. Examination of the genital area shows a circumcised male with testes distended bilaterally. The physician was unable to check prostate or neurologic exam as the patient is in extreme discomfort and is barely able to stand due to pain. Urinalysis shows a specific gravity of 1.020 and a pH of 5.5 with negative leukocytes, nitrate, glucose, trace protein, and ketone. He has been recommended to use Viagra and also recommended for a follow-up for eventual testing of the uroflow and PVR. The utilization review denied the request on 10/15/2013

IMR ISSUES, DECISIONS AND RATIONALES

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

VIAGRA #10: 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 Aetna Clinical Policy Bulletin: Erectile Dysfunction.

Decision rationale: This patient presents with chronic low back pain, neck pain, with radiation to the bilateral lower extremities and the bilateral upper extremities. The physician is requesting Viagra. The MTUS, ACOEM and ODG Guidelines do not discuss Viagra specifically. Aetna Guidelines require comprehensive physical examination and lab work for a diagnosis of erectile dysfunction including medical, sexual, and psychosocial evaluation. In this case, the report dated by [REDACTED] documents a diagnosis of ED along with examination and believes ED to be secondary to chronic opiates use and pain. However, there is no psychosocial evaluation and no testosterone level provided. Therefore, the request is not medically necessary and appropriate