

Case Number:	CM13-0049258		
Date Assigned:	12/27/2013	Date of Injury:	09/08/2000
Decision Date:	03/14/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	11/07/2013

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 Physical Medicine and Rehabilitation and Pain Management, 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 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 69 year old male with a date of injury on September 08, 2000. The listed diagnoses, per [REDACTED] dated September 26, 2013 are: degenerative disc disease, myofascial pain, lumbar degenerative disc disease, sciatica, low back pain, arthritis of the back, and shoulder pain. According to progress report dated September 26, 2013 by [REDACTED], the patient presents with back pain and left shoulder pain. He describes his pain as aching, cramping and spasmodic. Prolonged sitting and standing aggravate his condition. Medication and rest alleviate his pain. He currently takes Flector patch, Flexeril 10mg, Neurontin 600mg, Viagra 100mg, Vicodin 5mg-500mg and Naproxen 500mg. Examination of the musculoskeletal system shows normal upper and lower extremities. There is mild tenderness bilaterally in the spine/torso area, no pain, negative straight leg raise, excellent range of motion and normal sensory and motor function. The request is for a refill of Viagra, no quantity specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pfizer, Viagra; the ODG and Health Care Finance Review, winter 2003-2004, Volume 25, Number 2.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA guidelines

Decision rationale: The California MTUS, ACOEM and ODG guidelines do not discuss Viagra specifically. AETNA guidelines, however, require comprehensive physical/examination and lab work-up for diagnosis of erectile dysfunction (ED) including medical, sexual and psychosocial evaluation. While Viagra is appropriate for ED, ED must be appropriately diagnosed. This patient presents with chronic back pain and left shoulder pain. The treating physician requested Viagra 100mg, as needed, for erectile dysfunction. A progress report dated June 01, 2012 by ■■■■■■■■■■, documents that the patient has problems with erection during sex and was diagnosed with erectile dysfunction. Reports from June 01, 2012 to September 26, 2013, show that the patient has been taking Viagra since 2012. In this case, while the patient has a history of erectile dysfunction there are no medical and psychosocial evaluation for a proper ED work-up. Furthermore, the quantity of the prescription is not provided. Recommendation is for non-certification.