

<b>Case Number:</b>	CM13-0062571		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/07/1999
<b>Decision Date:</b>	04/11/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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 Occupational 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 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 expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records: The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and left knee pain reportedly associated with an industrial injury of January 7, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; adjuvant medications; a morphine pump; and prior lumbar laminectomy of May 29, 2013. In a Utilization Review Report of December 5, 2013, the claims administrator denied a request for home health aid and denied a request for Viagra. The applicant's attorney subsequently appealed. A September 3, 2013 spine surgery consultation is notable for comments that the applicant has longstanding neck pain, headaches, and back pain, highly variable. The applicant had reportedly has issues with sexual dysfunction and erectile dysfunction, which he attributes to his back pain. He is having issues with insomnia, it is further noted. His medication list includes Viagra. He continues to smoke a pack a day, it is further noted. He does have an antalgic gait but does not use any gait assistive devices. Lower extremity strength ranges from 4/5 to 5/5. A cervical MRI scanning is seemingly endorsed. A September 6, 2013 progress note is notable for comments that the applicant has longstanding pain complaints and is apparently issued a prescription for Dilaudid to ameliorate the same. On November 1, 2013, the applicant was given prescriptions for Dilaudid, Percocet, Flomax, and a topical compound. The applicant is asked to discontinue Norco. On November 14, 2013, it is acknowledged that the applicant was not working and had earlier been deemed disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**HOME HEALTH AID:** 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 Home Health Services topic Page(s): 51.

**Decision rationale:** As noted on page 51 of the MTUS Chronic Pain Medical Treatment Guidelines, home health services to facilitate performance of activities of daily living are not recommended when this is the only care needed. In this case, the attending provider has not clearly stated what service or services he intends for the home health aid to perform. Activities of daily living assistance such as cooking, cleaning, etc. are not covered when this is the only care being endorsed. In this case, the attending provider has not clearly stated what service or services that he intends for the home health aid to perform. Therefore, the request is not certified owing to lack of supporting information and owing to the fact that the MTUS does not support provision of home health services to facilitate performance of non-work activities of daily living.

**VIAGRA 25MG #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.com

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS American Urologic Association (AUA), Guideline on Management of Erectile Dysfunction

**Decision rationale:** The MTUS does not address the topic of Viagra usage. However, the American Urologic Association (AUA) does acknowledge that 5 phosphodiesterase inhibitors such as sildenafil or Viagra should be "offered as a first line of therapy for erectile dysfunction." In this case, the applicant is described as having issues with erectile dysfunction and sexual dysfunction on one of the progress notes in question. Viagra is a first-line treatment for the same, per the American Urologic Association (AUA), contrary to what was suggested by the claims administrator. Therefore, the original utilization review decision is overturned. The request is medically necessary.