

Case Number:	CM13-0064269		
Date Assigned:	01/03/2014	Date of Injury:	11/27/2006
Decision Date:	04/15/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	12/11/2013

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 Internal Medicine, and Pulmonary Diseases 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 is a 48-year-old male who reported injury on 11/27/2006. The mechanism of injury was noted to be a slip and fall from the roof of a second-floor building. The patient's medications as of 12/15/2009 included Wellbutrin, Percocet, Lexapro, Celebrex, Prilosec, Tylenol, and Viagra. The patient's diagnoses were noted to include limb pain, major depression NOS, low back syndrome, degenerative disc disease of the lumbar region, and lumbosacral spondylosis. The request was made for a refill of Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

VIAGRA 100 MG, #12: 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 Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate that testosterone replacement for hypergonadism related to opioids is recommended for patients taking high dose long-term opioids with documented low testosterone levels. Based on the medical records provided for review the patient had been taking the medication since 2009 and

there was a lack of documentation of the efficacy of the medication. Clinical documentation submitted for review failed to indicate the patient had a recent testosterone level. The documentation dated back to 2009 did include lab test results. The request for Viagra 100 mg #12 is not medically necessary and appropriate.