

<b>Case Number:</b>	CM14-0002495		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	09/13/2010
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	12/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 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 injured worker is a 57-year-old male who reported an injury on 09/13/2010. The mechanism of injury was not stated. Current diagnosis is sexual dysfunction. The injured worker was evaluated on 09/20/2013. Current medications include Levitra 20 mg. The injured worker reported persistent lower back pain with complaints of high blood pressure and changes in sexual activity. The injured worker also reported symptoms of anxiety and depression. Physical examination revealed normal findings. Treatment recommendations at that time included continuation of Levitra 20 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **LEVITRA 20MG TAB QTY 8: 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 Other Medical Treatment Guideline or Medical Evidence: California MTUS/ACOEM Practice Guidelines do not specifically address the requested medication. Official Disability Guidelines do not specifically address the requested medication. [www.nlm.nih.gov](http://www.nlm.nih.gov). U.S. National Library of Medicine. U.S. Department of Health

and Human Services National Institutes of Health. Updated: 27 May 2014. Vardenafil is used to treat erectile dysfunction (impotence; inability to

**Decision rationale:** Levitra is used to treat erectile dysfunction in men. Levitra is in a class of medications called phosphodiesterase inhibitors. As per the documentation submitted, the injured worker does maintain a diagnosis of sexual dysfunction. However, the injured worker has previously utilized Levitra for an unknown duration. It is noted that the injured worker experienced only a limited reduction in symptoms with the prescribed medication. Therefore, the medical necessity for the ongoing use of this medication has not been established. There is also no frequency listed in the current request. Based on the clinical information received, the request is not medically necessary.