

Case Number:	CM14-0005001		
Date Assigned:	01/24/2014	Date of Injury:	09/21/2004
Decision Date:	06/09/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/14/2014

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 Family Practice, and is licensed to practice in Tennessee, California, and Virginia. 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 56 year old male who injured his neck, back, and left shoulder on 9/21/04 while lifting a pipe. The patient underwent arthroscopic subacromial decompression surgery of his left shoulder on 4/24/07. As a result of repeated exposure to toxic chemicals throughout his employment, the patient claimed injuries to his respiratory system, circulatory system, and internal organs. He also claimed white blood cell disease, and injury to his psyche. The patient had previous history of prostatic symptomology requiring surgical intervention which was followed by his primary care physician. The patient received routine psychotherapy for in depth psychological issues. Current diagnoses included elbow epicondylitis, significant left shoulder impingement, cervical discopathy at C5-6, and lumbar sprain/strain. The clinical note dated 10/23/13 indicated an increase in neck pain and discomfort, and bilateral shoulder pain rated at 9/10 with associated numbness in the right arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

VIAGRA 100MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Harrison's Textbook of Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110.

Decision rationale: As noted on page 110 of the Chronic Pain Medical Treatment Guidelines, several factors can be attributed to sexual dysfunction including chronic pain, the natural occurrence of decreased testosterone that occurs with aging, the documented side effect of decreased sexual function that is common with other medications used to treat pain (SSRIs, tricyclic antidepressants, and certain anti-epilepsy drugs), and comorbid conditions such as diabetes, hypertension, and vascular disease in erectile dysfunction. There is little information in peer-reviewed literature as to how to treat opioid induced androgen deficiency. The clinical documentation provided no discussion regarding the necessity or use of Viagra. Additionally, there were no formal urological evaluations performed to establish the presence or cause of erectile dysfunction. As such, the request is not medically necessary.