MAXIMUS Federal Services

Case Number:	CM14-0103196		
Date Assigned:	07/30/2014	Date of Injury:	08/08/2005
Decision Date:	09/15/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/03/2014

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 Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

This worker sustained an injury on August 8, 2005. According to physiatrist pain evaluation report on June 2, 2014 he was complaining of pain in the lower back radiating to both lower extremities. He was also having increased numbness and spasm in his lower extremities. Pain increased with any kind of activity. Objective findings of the lumbosacral spine included a well-healed surgical scar from previous surgery. There was tenderness over the lumbosacral spine and paraspinal muscles. Lumbosacral spine range of motion was painful and restricted to 60%. Neurological exam demonstrated decreased sensation in both lower extremities. Knee jerk was 1+ and ankle jerk was absent bilaterally. Gait was slow but functional. Impression on that date was chronic low back pain, multilevel degenerative disc disease, lumbar myelopathy, status post cauda equina syndrome, bilateral lumbar radiculopathy, and erectile dysfunction. Ibuprofen and Levitra were prescribed. As of that date he was to continue with his home exercise program, aqua therapy and would be returning to work in 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levitra 20mg # 10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Up To Date: Treatment of Male Sexual Dysfunction.

Decision rationale: Levitra is a phosphodiesterase-5 inhibitor that promotes erection through nitric oxide-induced vasodilation. Neither the MTUS nor the Official Disabilities Guidelines specifically address this class of medications. However sexual dysfunction is referred to in the discussion of testosterone replacement for hypogonadism related to opioids. It is stated there that the etiology of decreased sexual function, a symptom of hypogonadism, is confounded by several factors including the role of chronic pain itself on sexual function, 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, and the role of comorbid conditions such as diabetes, hypertension and vascular disease and erectile dysfunction. According to recommendations regarding the use of phosphodiesterase 5 inhibitors in Up To Date, an evaluation for the underlying cause of sexual dysfunction should be done prior to initiating therapy with PDE 5 inhibitors. There are multiple comorbidities that may contribute to erectile dysfunction. There should be evaluation to look for the presence of these comorbidities which should then be addressed if present in the treatment of erectile dysfunction. The evaluation should also include obtaining a sexual history, physical examination, and laboratory and other diagnostic tests. Review of the medical record available does not indicate an adequate evaluation of the erectile dysfunction or for the underlying cause or associated comorbidities contributing to erectile dysfunction. An assumption of cauda equina syndrome induced erectile dysfunction is not sufficient. Therefore, the request is not medically necessary.