

<b>Case Number:</b>	CM14-0011906		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	05/13/2009
<b>Decision Date:</b>	07/11/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2014

### 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 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:

This is a 52-year old male patient with a 5/13/09 date of injury, He injured himself when lifting a 1500-pound roll of paper and felt immediate pain in the low back and right groin. A 1/6/14 progress report indicated that the patient complained of pain in his neck, lower back, right foot, and testicle. His sitting tolerance was improving slowly. The patient reported that right testicle hurts and unable to achieve erection. He was diagnosed with Lumbago, chronic pain syndrome, thoracic or lumbar neuritis or radiculitis, displacement of lumbar intervertebral disc without myelopathy, erectile dysfunction. Treatment to date: medication management, acupuncture. There is documentation of a previous 1/13/14 adverse determination, based on the fact that there was no documentation to identify what the cause of the patient's reported erectile dysfunction could be, nor if Levitra would be indicated in this situation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LEVITRA 20 MG #10, AS PRESCRIBED ON 1/6/2014:** Overturned

**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: The American Urological Association treatment Guidelines.

**Decision rationale:** CA MTUS, ODG, ACOEM did not address this issue. The American Urological Association Treatment Guidelines recommend phosphodiesterase type 5 inhibitors (Viagra) as a first-line therapy for erectile dysfunction, unless contraindicated following an in-person evaluation that includes sexual, medical, and psychosocial histories as well as laboratory tests thorough enough to identify comorbid conditions that may predispose the patient to ED and that may contraindicate certain therapies. The patient reported that his right testicle hurts. He saw a urologist and was diagnosed with erectile dysfunction. The patient was prescribed Cialis. However the patient noted that Cialis was not effective. The provider states that he would like to try the patient on a trial of Levitra. Therefore, the request for LEVITRA 20 MG #10, AS PRESCRIBED ON 1/6/2014 was medically necessary.