

Case Number:	CM14-0015855		
Date Assigned:	03/05/2014	Date of Injury:	03/22/2005
Decision Date:	04/23/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/07/2014

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 has a subspecialty in 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 56-year-old male who reported an injury on 03/22/2005. The patient was reportedly injured when he was struck in the back of his left calf and heel by a car. The patient is currently diagnosed with right shoulder subacromial impingement syndrome, right long and ring trigger fingers, degenerative disc disease and spondylosis of the lumbar spine, left foot plantar fasciitis, mild exogenous obesity, erectile dysfunction, other rotator cuff syndrome, osteoarthritis in the shoulder, traumatic arthropathy of the shoulder, sprain and strain of the rotator cuff, adhesive capsulitis, trigger finger, degeneration of lumbosacral intervertebral disc, lumbosacral spondylosis, acquired spondylolisthesis, thoracic or lumbosacral neuritis or radiculitis, tarsal tunnel syndrome, and plantar fascial fibromatosis. The patient was seen by [REDACTED] on 12/02/2013. The patient reported persistent pain in the right shoulder. Physical examination revealed slightly limited range of motion, positive impingement testing, crepitus, minimal tenderness, and intact sensation. The patient also demonstrated moderate tenderness to palpation with limited range of motion of the lumbar spine and weakness in the left extensor hallucis longus. Treatment recommendations at that time included continuation of current medication, as well as authorization for a Viagra prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

VIAGRA: 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 Non-MTUS Citation: www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 27 March 2014

Decision rationale: Viagra is used to treat erectile dysfunction in men. As per the documentation submitted, the patient does maintain a diagnosis of erectile dysfunction. However, it is noted that the patient was issued a prescription for Viagra by his attending urologist, [REDACTED]. There were no physician progress reports submitted by the prescribing urologist. Documentation of a satisfactory response to previous treatment with Viagra was not provided. Additionally, there is no dosage, frequency, or quantity stated in the current request. Based on the clinical information received, the request is non-certified.