MAXIMUS Federal Services

Case Number:	CM14-0019846		
Date Assigned:	04/28/2014	Date of Injury:	03/25/1998
Decision Date:	07/10/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/18/2014

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 Physical Medicine and Rehabilitation and Pain Management and is licensed to practice in Florida. 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 54 year old male who reported an injury on 03/25/1998. The mechanism of injury was not provided in the clinical documentation. Per the clinical note dated 12/03/2013 the injured worker reports continued low back pain that radiates to bilateral lower extremities and neck pain that radiates to bilateral upper extremities. The injured worker reported his pain level at 9/10 with medications and 10/10 without. Diagnoses for the injured worker included lumbar radiculopathy, lumbar failed surgery syndrome, status post lumbar fusion, and chronic pain other. Per the clinical note dated 02/18/2013 the injured worker was found on a urine screening to have oxycodone, oxymorphone, tramadol, and zolpidem in his system that had not been prescribed. Per the clinical note dated 04/03/2014 the injured worker reported continued low back at 7-8/10 and left shoulder pain at 5/10. On physical exam the range of motion for the left shoulder was mildly decreased. Abduction was 160 degrees, flexion was 160 degrees and extension was 40 degrees, crepitus was present with motion. The injured worker's strength and reflexes were reported as normal on exam. The lumbar spine was also reported to have decreased range of motion, Flexion was 20 degrees, extension was 15 degrees and tilt was 15 degrees bilaterally, reflexes were normal. There was no operative report for the lumbar fusion, or date the fusion was completed; however, the MRI of the lumbar spine dated 06/04/2012 reported normal morphology of the postoperative fusion of L4-L5 and L5-S1 and no neural foraminal compromise or arachnoiditis. The request for authorization for medical treatment was dated 01/09/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

VIAGRA 100MG, #10: 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: PDR.net, Drug information.

Decision rationale: Viagra is a prescription medicine used to treat erectile dysfunction (ED). The documentation submitted for review indicates the injured worker has erectile dysfunction secondary to long-term use of opioids for chronic pain. Given the injured worker's diagnosis and use of opioids. Therefore, the request for Viagra 100mg #10 is medically necessary.