MAXIMUS Federal Services

Case Number:	CM14-0140510		
Date Assigned:	09/10/2014	Date of Injury:	12/07/2000
Decision Date:	11/05/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 58-year-old male who reported injury on 12/07/2000 due to an unspecified cause of injury. The injured worker complained of pain down the right side of the leg and right anterolateral lower leg. The injured worker had a diagnosis of lumbar facet syndrome, lower back pain, muscle spasms, chronic lower back pain, lumbar annular tear, lumbar radiculitis, L3-4 facet arthropathy; a right knee strain; disc protrusion at the L2, L3, and L3; lumbago; lumbosacral neuritis or radiculitis unspecified; degeneration of lumbar or lumbosacral intervertebral disc; spinal stenosis, lumbar region with neurogenic claudication; spondylosis with myelopathy at the lumbar region; cervicalgia; pain to the joint involving the lower leg; neuritis, neuralgia, and radiculitis unspecified. Her surgeries included a lumbar fusion and lumbar discectomy. The diagnostics included an x-ray, electrodiagnostics that revealed ongoing radiculopathy to the lower extremities. The prior treatments included an epidural steroid injection at the L5, Toradol injections, and trigger point injections. The objective findings dated 07/22/2014 of the cervical spine revealed a range of motion with flexion chin to chest 2 finger breadths, extension was 50 degrees, bilateral lateral rotation was 90 degrees, bilateral lateral bending was 45 degrees. The physical findings of the lumbar spine revealed range of motion with a flexion 90 degrees/40 degrees and extension 30 degrees/12 degrees. Right lateral rotation 20 to 30 degrees/10 degrees, left lateral rotation 10 degrees to 30 degrees/18 degrees. Bilateral lateral bending 20 to 30 degrees/15 degrees. Motor examination, revealed a 5 throughout. Decreased sensation to the L5-S1 distribution; tenderness over the right iliac notch; and lumbar peroneals increased pain on lumbar extension and rotation, and decreased sensation to the interior thigh on the right. Tenderness across the upper gluteal region. Tenderness across the lumbar facet joint, right greater than left about the fusion. Trigger point injections in the paralumbar region of the level above the fusion. Cervical scar appeared well

healed. No clonus, or Hoffman's. Positive straight leg raise to the right side and positive facet load. The medications included Levitra 20 mg per dose. The treatment plan included continuing the Levitra 20 mg and follow-up in 4 weeks. The Request for Authorization dated 09/10/2014 was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levitra 20mg #20: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/levitra.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.drugs.com/search.php?searchterm=Levitra

Decision rationale: The request for Levitra 20 mg #20 is not medically necessary. The guidelines do not address, therefore refer to www.drugs.com that state Levitra (Vardenafil) relaxes muscles and increases blood flow to particular areas of the body. Levitra is used to treat erectile dysfunction (impotence). Levitra may also be used for purposes not listed in this medication guide. The documentation provided stated that the injured worker had received injections, which have controlled his pain, and no medications were noted for pain in the documentation. No functional measurements of pain level were provided in the documentation. Additionally, the provider indicated that the injured worker was going to see an urologist; however, no documentation was provided to confirm the diagnosis of erectile dysfunction. The request did not indicate the frequency. As such, the request is not medically necessary.