

Case Number:	CM14-0150035		
Date Assigned:	09/18/2014	Date of Injury:	01/23/2009
Decision Date:	10/31/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/15/2014

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 is licensed to practice in Illinois. 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 56-year-old male who reported an injury on 01/23/2009. The mechanism of injury was not provided. Diagnoses included lumbar radiculitis and sacroiliac sprain/strain. Past treatments included medications. Pertinent diagnostic testing was not provided. Pertinent surgical history was not provided. The clinical note dated 05/05/2014 indicated the injured worker complained of severe left leg and left testicular pain, and moderately severe lower abdominal inguinal pain. The physical examination revealed positive faber test and dysesthesias over the lateral femoral distribution. Current medications included Viagra 100 mg, metoprolol 50 mg, gabapentin 300 mg, pantoprazole 40 mg, and Xodol 10/300 mg. The treatment plan included Viagra 100 mg #20 and metoprolol 50 mg. The rationale for the treatment plan was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

DOS 7/29/14: VIAGRA 100MG #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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: MedlinePlus, Sildenafil, online database

Decision rationale: The request for DOS 7/29/14: VIAGRA 100MG #20 is not medically necessary. MedlinePlus indicates that Viagra is used to treat erectile dysfunction in men. The injured worker had been taking the requested medication since at least 01/2014. The clinical note dated 05/05/2014 indicated the injured worker specifically stated that Viagra was ineffective. As there is a lack of clinical documentation to indicate the efficacy of the requested medication, and the request does not indicate the frequency for taking the medication, the treatment plan cannot be supported at this time. As such, the request for DOS 7/29/14: VIAGRA 100MG #20 is not medically necessary.

METOPROLOL 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension treatment

Decision rationale: The request for METOPROLOL 50MG is not medically necessary. The Official Disability Guidelines indicate that following diet and exercise, medications are recommended in the control of hypertension. The guidelines state that metoprolol is indicated as a first line fourth edition medication for hypertension. In the clinical note dated 05/05/2014, the physician noted the injured worker had medical conditions including hypertension and palpitations. The injured worker had been taking the requested medication since at least 01/2014. There is a lack of clinical documentation of the efficacy of the requested medication, including current blood pressure. There is also a lack of documentation that the injured worker was participating in conservative treatment to treat hypertension, including diet and exercise. Additionally, there is a lack of documentation to indicate the injured worker had previously tried and failed first, second, and third edition antihypertensive medications. The request also does not indicate the quantity or frequency for taking the requested medication. Therefore, the request for METOPROLOL 50MG is not medically necessary.