

Case Number:	CM14-0157649		
Date Assigned:	09/30/2014	Date of Injury:	06/16/2000
Decision Date:	11/05/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/25/2014

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 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:

According to the records made available for review, this is a 50-year-old male with a 6/16/00 date of injury. At the time (7/28/14) of the request for authorization for Viagra (Sildenafil Citrate), there is documentation of subjective (residual discomfort) and objective (gait is slightly guarded, he has lumbar spine tenderness and referred back pain with straight leg raise) findings, current diagnoses (erectile dysfunction), and treatment to date (medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra (Sildenafil Citrate): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Diabetes, Hypertension Treatment and Physician's Desk Reference, 68th Edition, 2014: Cialis/Levitra/Viagra

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: Viagra - FDA prescribing information, side effects and uses; Prescribing Information (<http://www.drugs.com/pro/viagra.html>)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) do not address the issue. Medical Treatment Guideline identifies that Viagra is indicated for the treatment of erectile dysfunction. Within the medical information available for review, there is documentation of a diagnosis of erectile dysfunction. Therefore, based on guidelines and a review of the evidence, the request for Viagra (Sildenafil Citrate) is medically necessary.