

Case Number:	CM14-0172040		
Date Assigned:	10/23/2014	Date of Injury:	04/11/2012
Decision Date:	12/10/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

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 Family Medicine, and is licensed to practice in Colorado. 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:

56 year old male with date of injury 4/1/2012 continues follow up with treating physician and specialists. Patient injury involved penetrating abdominal trauma and he underwent partial small bowel resection and mesenteric defect repair as well as removal of metallic foreign body from left psoas immediately after accident. Patient has ongoing pain including RSD type symptoms in pelvis and groin, and is maintained with pain medications and injections. Patient also has significant anxiety and PTSD as sequelae of the accident and has worked with psychologist for cognitive behavioral therapy. Patient complains of ongoing erectile dysfunction since the accident, as well as urinary symptoms including nocturia and frequency. The records supplied, per Urology, indicate patient diagnoses include hypogonadism (with low testosterone level documented), neurogenic bladder, bladder neck dyssynergia, organic impotence and inhibition of orgasm / loss of libido. Per the records supplied, a short trial of Axiron has helped with his erectile dysfunction somewhat at the time of the current request. The treating physician requests Viagra for ongoing industrial-related erectile dysfunction.

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 Other Medical Treatment Guideline or Medical Evidence: www.fda.gov, and on the Non-MTUS Does sildenafil combined with testosterone gel improve erectile dysfunction in hypogonadal men in whom testosterone supplement therapy alone failed? J Urol. 2005 Feb;173(2):530-2. Greenstein A1, Mabweesh NJ, Sofer M, Kaver I, Matzkin H, Chen J., and on the Non-MTUS Combined use of androgen and sildenafil for hypogonadal patients unresponsive to sildenafil alone. Int J Impot

Decision rationale: The MTUS Guidelines and the ACOEM do not address the issue of Viagra, so other literature resources were consulted. Viagra, a Phosphodiesterase Type 5 (PDE5) inhibitor, is FDA approved for treatment of organic impotence. However, the literature is not conclusive as to use of Viagra, or other PDE5-inhibitors, as first line treatment. Any evaluation of erectile dysfunction should rule out underlying causes and/or treat same. FDA review cannot verify the safety of using Viagra with other treatment for erectile dysfunction so such combinations are not recommended. A review of MEDLINE literature indicates that available studies / reviews recommend treating underlying issues, specifically low testosterone, prior to initiation of PDE5 inhibitor, as combination therapy may not be required. [REDACTED], et.al. found that a majority of patients improved with testosterone replacement alone. Records for the patient of concern indicate he has improved with a short trial of testosterone replacement, so per the literature recommendations, patient should be continued on testosterone to determine if that intervention alone will resolve his issue. The Viagra, then is not currently medically indicated.