

<b>Case Number:</b>	CM14-0174138		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	12/01/2006
<b>Decision Date:</b>	11/25/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2014

### 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 Emergency 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 45 year-old male, who sustained an injury on December 1, 2006. The mechanism of injury occurred from moving a box. Pertinent diagnostics were not noted. Treatments have included: psychotherapy, medications. The current diagnoses are: sleep disorder, sexual dysfunction. The stated purpose of the request for Deplin 15mg #30 was not noted. The request for Deplin 15mg #30 was denied on October 7, 2014, citing a lack of documentation of documented folate deficiency. The stated purpose of the request for Viagra 50mg tablets #20 was for sexual side effects. The request for Viagra 50mg tablets #20 was denied on October 7, 2014, noting that this medication is not indicated for the treatment of inhibited orgasm. Per the report dated September 29, 2014, the treating physician noted complaints of pain to the back, hip, feet and legs, but improvements in depression, headaches and sleep. Per a June 11, 2014 AME report, a testosterone level was recommended to evaluate erectile dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Deplin, 15mg #30,:** 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), Pain (Chronic) Chapter, and Medical Food

**Decision rationale:** The requested Deplin 15mg #30 is not medically necessary. Neither the ACOEM Guidelines nor California MTUS addresses nutraceuticals, but per Official Disability Guidelines (ODG), Pain(Chronic) Chapter, Medical Food, medical foods are addressed and the definition "is a food which is formulated to be consumed or administered internally under the supervision of a physician and which is intended for specific dietary management of a disease or condition for a distinctive nutrition or requirement based on recognized scientific principles or established by medical evaluation. To be considered, the product must at a minimum meet the following criteria: (1) the product must be food for oral or tube feeding. (2) The product must be labeled for dietary management of a specific medical disorder, disease, or condition for a distinctive nutritional requirement. (3) The product must be used under medical supervision. "The injured worker has pain to the back, hip, feet and legs. The treating physician has documented improvements in depression, headaches and sleep. The treating physician has not documented any specific dietary diseases or conditions or nutritional requirements requiring nutritional supplements. The treating physician has not provided sufficient evidence-based, peer-reviewed and nationally-recognized medical literature in support of this supplement. The criteria noted above not having been met, Deplin 15mg #30 is not medically necessary.

**Viagra, 50mg tablets #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 UpToDate Evaluation of male sexual dysfunction

**Decision rationale:** The requested Viagra 50mg tablets #20 is not medically necessary. CA MTUS and ODG are silent on this issue. As a second tier reference, UpToDate Evaluation of male sexual dysfunction, provide sample guidelines for the evaluation of erectile dysfunction, which should direct treatment options. The injured worker has pain to the back, hip, feet and legs. The treating physician has documented improvements in depression, headaches and sleep. The treating physician did not document genitourinary symptoms or exam findings, testosterone levels, any derived functional benefit from any previous use, nor rule out other causes of erectile dysfunction. The criteria noted above not having been met, Viagra, 50mg tablets #20, is not medically necessary.