

Case Number:	CM14-0184223		
Date Assigned:	11/10/2014	Date of Injury:	10/25/2010
Decision Date:	12/15/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/04/2014

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:

The injured worker is a 47-year-old man with a date of injury of October 25, 2010. The mechanism of injury was not documented in the medical record. The injured worker is status post back surgery on December 29, 2011 and hardware removal on January 31, 2013. The injured worker was seen for an orthopedic follow-up on July 24, 2013. He complained of low back pain, which was localized to the SI joints. He reported radiation into the legs. Physical examination revealed positive Patrick's test, distraction test, and Yeoman's test on the right. The provider recommended right SI joint injections. The injured worker was seen again for follow-up on September 22, 2014. He reported his sleep apnea machine dries his mouth. He reported a March 2014 knee surgery, with decreased right thigh muscle size, dysesthesias, elevated fasting blood sugars, and erectile dysfunction (ED) for the past 3 years. Current medications include Omeprazole, and Hydrocodone/APAP. Exam noted normal penis and testicles without hernia. The provider ordered testosterone levels, and prescribed Sildenafil. The documentation does not outline how the injured worker's ED is related to his industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg #6: 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 MEDLINEplus, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a699015.html>

Decision rationale: Pursuant to MEDLINEplus, Viagra 100 mg #6 is not medically necessary. Viagra is used to treat erectile dysfunction. In this case, the injured worker is a 47-year-old man injured on October 25 of 2010. He is status post back surgery, removal of hardware, has increased right leg pain, numbness and weakness. He has difficulty driving to work. On a March 2014 progress note, he admits to erectile dysfunction of the past three years. There is no documentation in the medical record indicating how the injured worker developed a relationship between the industrial work injury and erectile dysfunction. Furthermore, there has been no work up to date. As such, this request is not medically necessary.