

Case Number:	CM14-0021064		
Date Assigned:	04/04/2014	Date of Injury:	04/05/2011
Decision Date:	05/02/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/10/2014

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 & Rehabilitation and is licensed to practice in Texas. 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 male who reported an injury on 04/05/2011, secondary to heavy lifting. Current diagnoses include lumbar strain, rule out lumbosacral radiculopathy, muscle spasm, insomnia, and sexual dysfunction. The injured worker was evaluated on 09/10/2013. The injured worker reported excellent pain control with the use of Butrans patch and trazodone. Physical examination revealed a normal gait, exquisite tenderness to palpation at the mid sacrum, decreased range of motion, positive straight leg raising, and intact sensation with 1+ deep tendon reflexes bilaterally. Treatment recommendations at that time included continuation of current medications including Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

VIAGRA 50MG, #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG TWC 2013

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation U.S. National Library of Medicine, U.S. Department of Health and Human Services National Institutes of Health, www.nlm.nih.gov

Decision rationale: As per the documentation submitted, the injured worker does maintain a diagnosis of sexual dysfunction. However, it is unknown whether this injured worker has continuously utilized this medication. There is no documentation of erectile dysfunction. The medical necessity has not been established. There is also no frequency listed in the current request. Based on the clinical information received, the request is not medically necessary and appropriate.