

Case Number:	CM14-0025916		
Date Assigned:	06/20/2014	Date of Injury:	07/23/2004
Decision Date:	10/01/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/28/2014

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 and Rehabilitation 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 61-year-old male with a reported injury on 07/23/2004. The mechanism of injury was not provided within clinical notes. The clinical note dated 01/14/2014 reported that the injured worker complained of symptoms of neurogenic bladder. The injured worker was reported to have continued left leg weakness. The physical examination revealed the injured worker had severe left leg weakness and sensory loss. The injured worker's prescribed medication list included gabapentin, Nucynta, Viagra, tizanidine, Amitiza, Dexilant, and Flomax. The injured worker's diagnoses included L4-5 spondylolisthesis with stenosis; left L3-4 facet joint cyst with L3 nerve compression; major depressive disorder; sleep disorder; gastritis; history of iron deficiency anemia; diverticulitis; hemorrhoids with hematochezia; acute left shoulder AC joint separation; bilateral inguinal hernia; irritable bowel syndrome; and neurogenic bladder with history of urinary tract infections. The provider requested Viagra and replacement of interferential unit, the rationales were not provided within clinical notes. The Request for Authorization was submitted on 02/24/2014. The injured worker's previous treatments were not provided within the clinical notes.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines on Male Sexual Dysfunction:

Erectile Dysfunction and premature Ejaculation. Arnhem, The Netherlands: European Association of Urology (EAU); 2009 Mar. 50 p.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus, Viagra, online database <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a699015.html>

Decision rationale: The request for Viagra is non-certified. The injured worker complained of symptoms of neurogenic bladder and continued left leg weakness. The treating physician's rationale for Viagra was not provided within clinical documentation. According to MedlinePlus sildenafil (Viagra) is used to treat erectile dysfunction in men. Sildenafil (Revatio) is used to improve the ability to exercise in adults with pulmonary arterial hypertension (PAH; high blood pressure in the vessels carrying blood to the lungs, causing shortness of breath, dizziness, and tiredness). Sildenafil is in a class of medications called phosphodiesterase (PDE) inhibitors. Sildenafil treats erectile dysfunction by increasing blood flow to the penis during sexual stimulation. This increased blood flow can cause an erection. Sildenafil treats PAH by relaxing the blood vessels in the lungs to allow blood to flow easily. There is a lack of clinical information provided documenting the efficacy of Viagra, as evidenced by significant objective findings functional improvements. Moreover, there is a lack of documentation that the injured worker has erectile dysfunction or pulmonary hypertension. Furthermore, the requesting provider did not specify the utilization frequency, dose, or quantity of the medication being requested. Therefore, the request is not medically necessary.

1 replacement interferential unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The request for 1 replacement interferential unit is non-certified. The injured worker complained of symptoms of neurogenic bladder and continued left leg weakness. The treating physician's rationale for the interferential unit/TENS unit was not provided. The California MTUS guidelines for the use of TENS unit requires chronic intractable pain documentation of at least a three month duration. There needs to be evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. Form-fitting TENS device: This is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot

accommodate the treatment, that the patient has medical conditions (such as skin pathology) that prevents the use of the traditional system, or the TENS unit is to be used under a cast (as in treatment for disuse atrophy). There is a lack of clinical documentation indicating the rationale for TENS unit. There is a lack of clinical evidence indicating the injured worker's pain was unresolved with physical therapy, exercises, and/or NSAIDs. There is a lack of clinical documentation of how often the TENS unit was used, and the efficacy of the TENS unit on the injured worker's functionality. The requesting physician did not specify how the interferential unit is no longer operational. Therefore, the request is not medically necessary.