MAXIMUS Federal Services

Case Number:	CM14-0032217		
Date Assigned:	06/20/2014	Date of Injury:	12/26/2007
Decision Date:	07/17/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/13/2014

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 Illinois. 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 41-year-old male with a reported date of injury on 12/26/2007. The mechanism of injury was reported as caused by the malfunction of a forklift. The injured worker presented with chronic low back pain, groin, and bilateral lower extremities pain. The clinical information indicated the injured worker presented with urological issues including erection problems and pain in the testicles. The average pain is reported at 10/10 without medication and 5/10 with medication. The clinical documentation indicates the injured worker previously participated in physical therapy and home exercise, the results of which were not provided within the documentation available for review. The physician indicated that the injured worker underwent an anterior lumbar interbody fusion at L5-S1 on 11/09/2010. In addition, the clinical documentation indicated the injured worker underwent psychiatric care, the results of which were not provided within the documentation available for review. Upon physical examination, the injured worker's cervical spine and thoracic spine revealed to be within normal limits. The thoracic spine sensory exam revealed to be normal from T1 to T12. The lumbar spine range of motion revealed flexion to 40 degrees, hyperextension to 10 degrees, bilateral bending to 15 degrees. In addition, the injured worker presented with positive straight leg raise bilaterally. The injured worker's medication regimen included oxycodone, Prilosec, senna, Voltaren XR, and Viagra. The injured worker's diagnoses included lumbar radiculopathy, degenerative disc disease, failed back surgery syndrome, depression, and erectile dysfunction. The request for authorization for Viagra 100 mg tabs #9, with 3 refills was submitted on 03/11/2014. The rationale for the request was not provided within the clinical information provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg tabs #9, with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation The Merck Manual; Genitourinary Disorders; Obstructive Uropathy, October 2012.

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:MedlinePlus.

Decision rationale: According to Medline Plus, Viagra is indicated for the treatment of erectile dysfunction. For most patients, the recommended dose is 50 mg taken as needed approximately 1 hour before sexual activity. However, Viagra may be taken anywhere from 30 minutes to 4 hours before sexual activity. The maximum recommended dosing frequency is once per day. Based on effectiveness and toleration, the dose may be increased to a maximum recommended dose of 100 mg or decreased to 25 mg. The documentation provided for review indicates that the injured worker has been utilizing Viagra prior to 08/2013. There is a lack of documentation related to the therapeutic benefit of Viagra. In addition, there is a lack of documentation related to the utilization of the maximum dose of 100 mg. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for Viagra 100 mg tablets #90 with 3 refills is non-certified.