

Case Number:	CM14-0047761		
Date Assigned:	06/27/2014	Date of Injury:	10/15/2003
Decision Date:	08/14/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/28/2014

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, has a subspecialty in Pain Management 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:

This is a patient with a date of injury of 10/15/03. A utilization review determination dated 3/5/14 recommends non-certification of Viagra and a case of peel and heat pads. 2/24/14 medical report identifies that the patient has not been seen for over a year and has completed extensive brachial plexus decompression surgery in the interim. She has persistent residuals and her left hand remains cold. She continues with left shoulder pain and restricted movement and is pending shockwave treatment for the shoulder. On exam, the left hand is colder than the rest of the extremity, which is improved from prior to the surgery. There is restricted and painful left shoulder ROM and tenderness. The provider recommended peel and heat pads to keep the hand warm and noted that phosphodiesterase inhibitors such as Viagra may also help with the warmth of the hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Phosphodiesterase inhibitors (Viagara): 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/viagra.html>.

Decision rationale: Regarding the request for phosphodiesterase inhibitors (Viagra), California MTUS and ODG do not address the issue. Viagra is indicated for the treatment of erectile dysfunction per the FDA. A search of the National Library of Medicine, the National Guideline Clearinghouse, and other online resources failed to reveal support for Viagra or other phosphodiesterase inhibitors in the management of the patient's cited conditions. In light of the above issues, the currently requested phosphodiesterase inhibitors (Viagra) are not medically necessary.

1 Case peel and heat pads: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Durable Goods, 265. Decision based on Non-MTUS Citation Official Disability Guidelines, Carpal Tunnel Syndrome (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, and Hand Chapter, Heat therapy.

Decision rationale: Regarding the request for peel and heat pads, California MTUS and ODG do support the use of heat packs in the management of musculoskeletal injuries. Within the documentation available for review, the provider notes that the pads are requested to help keep the patient's hand warm as it is persistently cold secondary to a brachial plexus injury, but there is no rationale for the use of specialized heat pads rather than simple heat packs as recommended by the guidelines. In the absence of such documentation, the currently requested peel and heat pads are not medically necessary.