MAXIMUS Federal Services

Case Number:	CM14-0048446		
Date Assigned:	07/02/2014	Date of Injury:	07/14/2001
Decision Date:	10/08/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/16/2014

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 Nevada. 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 records, presented for review, indicate that this 61-year-old year-old individual was reportedly injured on July 14, 2001. The injured worker was working as a police offer and reported psychiatric concerns due to job related stress. The most recent progress note, dated March 11, 2014, indicated that there were ongoing complaints of continued struggles with intrusive depressive elements. The physical examination consisted entirely of a psychological evaluation. The claimant was documented as expressing that the Prozac has helped with the depression and the dose may be increased in the near future. The remainder of this handwritten physical examination was largely illegible. There were no documented complaints of erectile dysfunction. Provided diagnoses included major depressive disorder and generalized anxiety disorder. A single additional clinical document, dated November 19, 2013, also indicated the Viagra has been provided. Diagnoses for this visit also included major depressive disorder and generalized anxiety disorder. A request had been made for Viagra 50 mg and was not certified in the pre-authorization process on April 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 50mg: 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: Merck manual erectile dysfunction http://www.merckmanuals.com/professional/genitourinary_disorders/male_sexual_dysfunction/erectile_dysfunction.html?qt=viagra&alt=sh.

Decision rationale: The Merck manual recommends that erectile dysfunction be initially managed by treatment of underlying causes. Based on the clinical documentation provided, a workup has not been performed for the erectile dysfunction to indicate the underlying nature of the disease. Erectile dysfunction can be multifactorial including peripheral vascular disease, psychiatric disease, or related to chronic opioid use or hypogonadism. The clinical documents provided also did not note a diagnosis of erectile dysfunction. Given the lack of information provided, the requested Viagra is considered not medically necessary.