MAXIMUS Federal Services

Case Number:	CM14-0049559		
Date Assigned:	07/07/2014	Date of Injury:	07/07/1986
Decision Date:	08/26/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational Medicine 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 60-year-old male with a 7/7/86 date of injury; mechanism of the injury was not described. The patient was seen on 3/7/14 with complaints of sexual dysfunctions, numbness and tingling in his feet and erythematous and itchy rash on the legs. Exam findings revealed erythematous, macular, red, pruritic rash on the right leg. The patient was seen on 3/18/14 with complains of erectile dysfunctions. Exam findings revealed blood pressure of 130/80. The progress note dated 5/31/14 stated that the patient's erectile dysfunction was a complication of the circulation to his genital area and that the patient was recommended to see an urologist. The diagnosis is diabetes with peripheral angiopathy and secondary erectile dysfunction. The patient's treatment to date consisted of medications. An adverse determination was received on 3/24/14. The request for Viagra 100 mg # 10 with 3 refills was denied due to lack of documentation indicating that the patient suffered from hypogonadism or hyperprolactinemia, what did not made him a candidate for PDE5 inhibitors due to the evidence-based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg #10 with 3 refills ([redacted]): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Guideline Panel. The management of erectile dysfunction: an update. Baltimore (MD): American Urological Association Education and Research, Inc.; 2005. Various p.[78 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA (Viagra), and on the Non-MTUS American Urological Association Treatment Guidelines.

Decision rationale: The MTUS, ODG and ACOEM do not address the medical necessity for use of phosphodiasterase inhibitors, such as Viagra for the treatment of erectile dysfunction. However, there is no documentation of an evaluation of sexual function, including history and physical exam, to identify comorbid conditions which may contraindicate certain drug therapies and address other causes of sexual dysfunction; in addition to providing any additional testing necessary before implementation of drug treatment. There is a lack of documentation regarding the patient's diabetes control. In patients with well-controlled diabetes, erectile dysfunctions are rarely a medical issue. There is also a lack of documentation with regard to whether the patient has seen an urologist and ruled out other causes of erectile dysfunction. In addition there is no rationale indicating why the patient needs 3 refills of Viagra. Therefore, the request for Viagra 100mg #10 with 3 refills was not medically necessary.