

Case Number:	CM14-0063568		
Date Assigned:	07/11/2014	Date of Injury:	07/06/2009
Decision Date:	09/08/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	05/06/2014

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 Geriatrics and is licensed to practice in New York. 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 48 year old man with a date of injury of 7/6/09. He was seen by his pain medicine physician on 3/31/14 with complaints of low back pain with radiation to his lower extremities. He reported limitation with self care, activity, ambulation and sex. His physical exam showed a well healed lumbar surgical scar with spasm and tenderness in the paraspinous musculature. His range of motion was moderately limited and facet signs were present bilaterally. Diagnoses included cervical radiculitis, lumbar facet arthropathy status post fusion, erectile dysfunction due to medication use and pain, iatrogenic opioid dependence, GI upset with NSAIDs and pruritis about abdominal incision. At issue in this review is the prescription for viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg one tablet by mouth as needed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability guidelines, www.rxlist.com.

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: American Urological Association Guideline for the Management of Erectile Dysfunction. <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm>.

Decision rationale: This injured worker has a diagnosis of erectile dysfunction (ED) secondary to chronic opiate use and pain. Viagra is a phosphodiesterase Type 5 inhibitor and is a first line treatment for ED. However, the initial management of ED begins with the identification of comorbidities and risk factors including prescription and recreational drug use. Though viagra is medically indicated in erectile dysfunction, this worker has ED related to the side effects of opioids which is not directly injury related. The risks and benefits of viagra were also not documented as discussed with the worker. The records do not support the medical necessity of viagra.