

Case Number:	CM14-0071978		
Date Assigned:	07/16/2014	Date of Injury:	07/08/2010
Decision Date:	09/08/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/19/2014

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 New Jersey and Pennsylvania. 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 patient is a 46 year old male with a date of injury on 7/8/2010. The patient is diagnosed with carbide pneumoconiosis, DM, sleep disorder, depression, and restrictive lung disease secondary to lung transplant 7/18/13. UR dated 4/30/14 recommended to non-certify the request for Viagra. The prior peer review noted that there is sexual tension between the claimant and his wife. However, there was no clear documentation of erectile dysfunction, and the recent note dated 10/28/13 was over 6 months old. The prior peer reviewer noted that there was no recent information regarding the claimant's sexual condition. The most recent documentation in the medical records includes a May 1, 2014 AME. This report does not address ED.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra, unspecified amount or dosage.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDconsult.com, last updated 12/14/2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines does not address Viagra. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Drugs.com.

Decision rationale: The request for Viagra is not supported. The patient is reporting sexual tensions. However, without further information and given the lack of justification in this regard, the request for Viagra is not medically necessary.