

Case Number:	CM14-0074615		
Date Assigned:	07/16/2014	Date of Injury:	07/31/2000
Decision Date:	08/13/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/22/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 64-year-old male who was injured on 7/31/2000. The diagnoses are multiple extremities joints pain, neck pain, low back pain and internal organs damage with resultant diabetes, hypertension and obstructive sleep apnea. There is a history of good response to the use of Cialis. On 4/9/2014, [REDACTED] reported increase in pain and general weakness. The patient was reported to have a better effect with Cialis than with Viagra. The patient was also utilizing Motrin for pain and Lunesta for sleep. There were no details on subjective complaints or objective findings. The available handwritten progress notes were mostly illegible. A Utilization Review determination was rendered on 4/25/2014 recommending non-certification for Viagra100mg #150, Glucosamine HCL 1500mg #420 and Chondroitin Sulfate 1200mg #420.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg QTY 150: Overturned

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 FDA.

Decision rationale: The CA MTUS and the Official Disability Guidelines (ODG) was silent on the utilization of Viagra in the treatment of sexual dysfunction associated with chronic pain syndrome. The use of Viagra has FDA approval for the treatment of erectile dysfunction. There is increased incidence of erectile dysfunction associated with chronic pain conditions. Many medications utilized in the treatment of chronic pain such as opioids, anxiolytics and antidepressants are associated with lower testosterone levels and sexual dysfunction. The records do show co-existing disease conditions such as diabetes and hypertension that may be contributory to the indication for Viagra. The criteria for the utilization of Viagra was met, therefore the request was medically necessary.

Glucosamine HCL 1500mg #60 QTY:420: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 49-50.

Decision rationale: The CA MTUS addressed the use of Glucosamine for the treatment of arthritis. Glucosamine have been shown to be a low risk option in the delay of progression of osteoarthritis and relief of symptoms. The records indicate that the patient is 64 years old with a history of multiple injuries to many extremities bones and joints. There is a history of osteoarthritis located in many joints. The criteria for the use of Glucosamine HCL 1500mg #420 was met, therefore the request was medically necessary.

Chondroitin Sulfate 1200mg QTY: 420: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chondroitin Sulfate Page(s): 49-50. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

Decision rationale: The CA MTUS and the Official Disability Guidelines (ODG) addressed the use of chondroitin sulfate for the treatment of arthritis. Chondroitin sulfate has been shown to be a low risk option in the delay of progression of osteoarthritis and relief of symptoms. There is evidence of increased range of motion of the joints. The records indicate that the patient is 64 years old with a history of multiple injuries to many extremities bones and joints. There is a history of osteoarthritis located in many joints. The criteria for the use of Chondroitin sulfate HCL 1200mg #420 was met, therefore the request was medically necessary.