

Case Number:	CM14-0127495		
Date Assigned:	08/15/2014	Date of Injury:	09/17/1999
Decision Date:	02/13/2015	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/11/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 58-year-old man who sustained a work-related injury on September 17, 1999. Subsequently, the patient developed a chronic back and neck pain. According to a progress report dated on March 14, 2014, the patient was complaining of ongoing back pain with a severity rated 7/10. The patient physical examination demonstrated lumbar tenderness with range of motion. The patient was diagnosed with cervical facet arthropathy and lumbar radiculopathy. The provider requested authorization for Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100 Mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pfizer (August 2003) Viagra (Sildenafil)

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: Erectile Dysfunction <http://emedicine.medscape.com/article/444220-overview>.

Decision rationale: MTUS and ODG guidelines are silent regarding the use of Viagra. Viagra is using as a first line therapy to treat erectile dysfunction. Prior to the use of Viagra, a comprehensive physical examination and about the workup should be performed to identify

reversible factors that should be treated first. There is no documentation that a work up was done to investigate the cause of the erectile dysfunction (that may require different treatment) such as spine and urological disease, metabolic disease (diabetes) and vascular disorders. Furthermore, There is no documentation of efficacy of previous use of Viagra. Therefore, the request for Viagra 100mg is not medically necessary.