

Case Number:	CM14-0187859		
Date Assigned:	11/18/2014	Date of Injury:	03/27/2014
Decision Date:	01/06/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/11/2014

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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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:

The patient is a 53 year old male with an injury date of 03/27/14. The 09/19/14 Secondary Primary Treating Physician Neurological Consultation report is the sole report provided and states the patient presents with problems with the knees, neck, lower back and right hip as well as, poor memory, poor concentration, irritability, biting his tongue, headaches with light sensitivity, poor balance, and decreased grip with the right hand. He has antalgic gait favoring the right knee. Examination reveals that mental status is such that the patient did not remember any of three objects after 5 minutes. There is increased discomfort to light and there is some tenderness over the right temporomandibular joint. Examination also shows tenderness over the cervical paraspinal muscles left greater than right, and the lumbar spine shows tenderness of the paraspinal muscles to the right hip. There is tenderness of the right forearm to the base of the right thumb. The patient's diagnoses include: 1. Closed head injury with concussion with intracranial hemorrhage with posttraumatic brain injury 2. Multiple orthopedic injuries including the right shoulder, neck, lower back, right knee and right forearm 3. Right temporomandibular joint syndrome 4. Possible underlying peripheral neuropathy of uncertain etiology Medications are listed as Viagra, Flexeril, and Keppra. The utilization review being challenged is dated 10/14/14. The rationale is that there is no objectification of a neurologic dysfunction or nerve root compromise affecting sexual dysfunction; thus there is insufficient clinical information. One report was provided dated 09/19/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 50mg, #6 with one refill: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: AETNA Guidelines Clinical Polity Bulletin No. 0007 regarding erectile dysfunction

Decision rationale: The patient presents with knee, neck, lower back, and right hip pain along with a closed head injury. The treater requests for 1 Viagra 50 mg use at onset of sexual activity #6 refill: 1 for sexual dysfunction related to closed head injury, as outpatient. (Sildenafil). According to The MTUS, ACOEM, and ACOEM Guidelines do not discuss Viagra specifically. AETNA Guidelines Clinical Polity Bulletin No. 0007 regarding erectile dysfunction state that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction(ED) including medical, sexual, and psychosocial evaluation is required. There is no documentation of hypo-gonadism that may contribute to the patient's ED. Testosterone level, for example is not provided. AETNA also does not support performance enhancing drugs such as Viagra or Cialis. In this case, there is no documentation of hypo-gonadism, no indication that the patient is on chronic opioids with low-testosterone level. There is no discussion regarding erectile dysfunction and performance enhancing drugs such as Viagra are not typically supported by the guidelines. Recommendation is for denial.