

Case Number:	CM14-0192554		
Date Assigned:	11/26/2014	Date of Injury:	04/17/2009
Decision Date:	01/14/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/18/2014

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 Family 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 worker is a 50-year old male who was injured on 4/17/2009. He was diagnosed with right shoulder, right wrist, right hand, and lumbar spine injury/pain. He was diagnosed with gastritis and duodenitis, headache, and insomnia. He was also diagnosed with major depressive disorder associated with anxiety to explain reported insomnia, decreased libido, anxiety, and depression and all related to his chronic pain. He was also reportedly diagnosed with erectile disorder, acquired, situational by the same psychiatrist and recommended Cialis, Zoloft, and Ambien on 7/9/14, according to the notes provided for review. He was later seen by his secondary treating physician on 9/25/14 reporting headache. No report of sexual dysfunction or medications taken was seen in this progress note. Physical examination included only vital signs, height and weight as well as alert, oriented, no acute distress, and normal eye examination. He was then recommended Viagra and to follow-up in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100 MG By Mouth Every Day As Needed Qty 10 with 2 Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: www.ncbi.nlm.nih.gov

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape.com: sildenafil (<http://reference.medscape.com/drug/revatio-viagra-sildenafil-342834>)

Decision rationale: The MTUS Guidelines do not address Viagra or similar drugs, nor does the ODG discuss these medications. Viagra is a phosphodiesterase-5 enzyme inhibitor indicated for the treatment of erectile dysfunction and pulmonary arterial hypertension. In the case of this worker, there was some evidence that suggested he was taking Cialis or at least recommended this medication for the purpose of treating his decreased libido related to his major depression. However, there was no evidence provided by the requesting physician which medication(s) he was taking at the time of his most recent office visit near the time of the request for Viagra plus refills. There was no report of any erectile dysfunction included in this most recent note also. Treatment of his depression would be recommended as first line therapy before considering medications such as Viagra, as his is related to his depression. There was no evidence that the worker was using an antidepressant at the time of this request. Considering all of the above, the Viagra 100 mg by mouth every day as needed Qty 10 with 2 Refills is not medically necessary.