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| <b>Case Number:</b>   | CM14-0195568 |                              |            |
| <b>Date Assigned:</b> | 12/03/2014   | <b>Date of Injury:</b>       | 10/28/2003 |
| <b>Decision Date:</b> | 01/20/2015   | <b>UR Denial Date:</b>       | 10/27/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/21/2014 |

### 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 and Rehabilitation 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:

This 58 year old male sustained an industrial related injury on 10/28/2003 of unknown mechanism. His diagnoses included lumbar sprain. It was further noted that the injured worker suffered injury to his right testicle as a result of his industrial related injury. The past treatments included referral to urology, who reportedly recommended continued medication management. Imaging and surgical history were non-contributory. The progress report, dated 10/18/2014, noted the injured worker complained of erectile dysfunction due to pain and narcotic medications. Use of Levitra enabled him to have an erection and intercourse with his wife. It was further noted, diabetes, pain, and long term opioid use were contributing to his erectile dysfunction. The injured worker reported that without the medications prescribed, he has difficulty with his erectile dysfunction, and he is unable to perform his activities of daily living and have intercourse. Genitourinary examination was not documented. His medications included Norco, ketoprofen cream, Medi-Derm patch, Tramadol ER, Levitra, and temazepam. The treatment plan recommended continuing medications including Levitra for erectile dysfunction due to long term narcotic usage. The physician further stated the injured worker required this medication to have intimacy. The Levitra was previously ineffective due to a lack of pain control, but since the change in the pain medication regimen, the Levitra was working. The request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Levitra 20mg #30:** 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 Other Medical Treatment Guideline or Medical Evidence: RxList.com. (2014). Levitra. Indications. Retrieved January 9, 2015, <http://www.rxlist.com/levitra-drug/indications-dosage.htm>.

**Decision rationale:** The injured worker had erectile dysfunction with noted improvement with the use of Levitra 20 mg. The injured worker was documented to have been seen by an urologist, who recommended continued treatment with Levitra. Per the Levitra FDA prescribing information on rxlist.com, Levitra is indicated for the treatment of erectile dysfunction at doses of up to 20 mg daily. As the injured worker was documented to have had an evaluation for the cause of his erectile dysfunction and a positive affect at an appropriate dosage, the continued use of Levitra 20 mg #30 is indicated and supported by the evidence provided. Therefore, the request is medically necessary.