

Case Number:	CM14-0202536		
Date Assigned:	12/15/2014	Date of Injury:	04/11/2011
Decision Date:	01/31/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	12/03/2014

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 Rehab, 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 43 year old male with an injury date on 04/11/2011. Based on the 08/08/2014 hand written progress report provided by the treating physician, the diagnoses are: 1. Bilateral L4-L5 Laminectomy with left side discectomy 2. MRI L2-3, L3-4 mild narrowing 3. Lower extremity radiculitis 4. L4-L5: post surgical changes 5. L5-S1 : 3mm Left paracentral D.P According to this report, the patient complains of Lumbar spine tender with spasm; left more than right. Pain is rated as a 7/10 without medication and a 3/10 with medication (Norco) with 6 hours of pain relief. Objective finding indicates positive straight leg raise with pain to the left lower extremity. Review of System (ROS) indicates positive joint pain, muscle spasm, numbness, and high blood pressure. The 08/06/2014 report indicates the patient has "burning pain in his back with shooting pain down the left leg." Moderate tenderness is noted over the lumbar paravertebral musculature. Fabere's, Sacroiliac Thrust Test, and Yeoman's Test are positive on the left. Sensation is trace as to pain, temperature, light touch, vibration and two-point discrimination in the left L5 and SI dermatomes. The 05/07/2014 report indicates the patient "had a left L4-L5 and L5-S1 transforaminal epidural steroid injection on April 10, 2014 which helped by 80% and increased his activity levels." The treatment plan is to request for Left SI "TFE," continue with home exercise, continue home EMS, request for LSO back brace, obtain UDS, and return for a follow up visit in 5-6 weeks. The patient's work status to "return to modified work on 08/08/2014 with no lifting over 40 lbs., no repetitive bending/stooping, and no prolonged sitting or driving." There were no other significant findings noted on this report. The utilization review modified the request of One prescription for Viagra 100mg #35 with 12 refills on 11/08/2014 to 1 prescription for Viagra 100mg, #35 with 3 refills based on the Erectile Dysfunction Guideline Update Panel. The requesting physician provided treatment reports from 01/07/2014 to 08/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Viagra 100mg #35 with 12 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Guideline Update Panel. The management of erectile dysfunction: an update, Baltimore (MD): American Urological Association Education and Research, Inc; 2005 Various p. (78 references) and Montague DK, Jarro JP, Broderick GA, Dmochowski RR, Heaton JP, Lue TF, Milbank AJ, Nehra A, Sharlip ID, Erectile Dysfunction Guideline Update Panel. The management of erectile dysfunction; an update. Linthicum (MD): American Urologic Association and Research, Inc; 2006 May. Various P.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Erectile Dysfunction, Number: 0007.

Decision rationale: According to the 08/08/2014 report, this patient presents with 7/10 lumbar spine pain. The current request is for one prescription for Viagra 100mg #35 with 12 refills but the treating physician's report and request for authorization containing the request is not included in the file. The most recent progress report is dated 08/08/2014 and the utilization review letter in question is from 11/08/2014. VIAGRA is an oral therapy for erectile dysfunction, is the citrate salt of sildenafil, a selective inhibitor of cyclic guanosine monophosphate (cGMP)-specific Phosphodiesterase type 5 (PDE5). Regarding erectile dysfunction, the MTUS, ACOEM, and the ODG do not discuss Viagra. However, Aetna guidelines consider the following diagnostic workup of erectile dysfunction medically necessary: 1.) Comprehensive history and physical examination (including medical, sexual history, and psychosocial evaluation), 2.) Duplexscan, 3.) Dynamic infusioncavernosometry and cavernosography, 4.) Pharmacological response test for erectile dysfunction, and 5.) Pudendal arteriography. Aetnaalso considers the following laboratory tests medically necessary for the diagnosis of erectile dysfunction: 1.) Biothesiometry, 2.)Blood glucose, 3.) Complete blood count, 4.) Creatinine, 5.) Hepatic panel, 6.) Lipid profile, 7.) Prostate specific antigen, 8.) Thyroid function studies, 9.) Urinalysis, and 10.) Serum testosterone. In reviewing the medical reports provided, the treating physician does not document the above procedures as required by the Aetna guidelines. Without the pertinent information, the request for Viagra 100mg with 12 refills cannot be considered. The current request is not medically necessary.