

Case Number:	CM14-0034784		
Date Assigned:	06/20/2014	Date of Injury:	06/02/1998
Decision Date:	04/23/2015	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Internal Medicine

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 51-year-old male sustained a work related injury on 06/02/1998. On 03/12/2014, the provider completed a Request for Authorization for Viagra 50mg #10 with 2 refills. Diagnoses included left knee derangement and chronic pain syndrome. According to a progress report dated 03/04/2014, the injured worker was seen in follow-up for problems with the left knee and low back. Pain was rated 7 on a scale of 1-10. Impression included degenerative lumbar disc disease with myofascial pain syndrome, internal derangement left knee and chronic pain syndrome. The injured worker received a trigger point injection of the right and left low back and buttocks. Medications included Flexeril, Ibuprofen and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 50mg #10 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment Workers Compensation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Information Viagra (Sildenafil) www.drugs.com/pro/viagra.html.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Viagra (Sildenafil). FDA Prescribing Information reports that Viagra is indicated for the treatment of erectile dysfunction. The progress report dated 3/4/14 documented a physical examination of the thoracolumbar spine, which demonstrated normal contour. Motor was intact. Sensation was intact. Straight leg raise was negative. Medical history included lumbar degenerative disc disease and left knee surgery on 3/15/13. Medications were Flexeril, Ibuprofen, and Prilosec. There were complaints of erectile dysfunction. No diagnosis of erectile dysfunction was documented in the 3/4/14 progress report. Without a diagnosis of erectile dysfunction, the request for Viagra is not supported by FDA guidelines. Therefore, the request for Viagra is not medically necessary.