

Case Number:	CM15-0109472		
Date Assigned:	06/16/2015	Date of Injury:	06/12/2009
Decision Date:	07/15/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/08/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 injured worker is a 63 year old male who sustained an industrial injury on 06/12/2009. Current diagnoses include major depressive disorder, adjustment disorder, pain disorder associated with both psychological factors and a general medical condition, insomnia related to chronic pain and anxiety, male erectile disorder due to chronic prescribed opioid use, chronic pain, and persistent headaches probable opioid/acetaminophen related. Previous treatments included medications and psychotherapy. Report dated 04/25/2015 noted that the injured worker presented with complaints that included depressed mood, anhedonia, avolition, some insomnia, decreased concentration, attention, and memory, worthlessness, low energy and fatigue, irritability, hopelessness, anxiety, and episodic suicidal ideation. Also reported is decreased appetite, inability to achieve an erection for the past 1.5 years, pain, and headaches. Mental status examination was positive for abnormalities. Report dated 03/15/2015 noted that the erectile dysfunction occurred after taking trazadone and after gaining weight on a continuous basis. The treatment plan included continuing Wellbutrin XL, and Effexor XR, decrease Seroquel, prescription for Viagra, and follow up in one month. Disputed treatments include Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra tab 50 mg #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 110. Decision based on Non-MTUS Citation PDR Drug summary Viagra <http://www.pdr.net/drug-summary/viagra?druglabelid-471>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, viagra.

Decision rationale: The ACOEM, ODG and California MTUS do not specifically address the requested services. The physician desk reference states the requested treatment is indicated for erectile dysfunction. The patient does not have the diagnosis of erectile dysfunction as direct result of industrial incident and therefore the request is not certified. Therefore, the requested treatment is not medically necessary.