

Case Number:	CM15-0109686		
Date Assigned:	06/16/2015	Date of Injury:	10/19/2001
Decision Date:	07/20/2015	UR Denial Date:	05/20/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on October 19, 2001. The injured worker has been treated for low back complaints. The diagnoses have included lumbar spine degenerative disc disease, chronic back pain, lumbar disc displacement without myelopathy, mood disorder and post lumbar laminectomy syndrome. Treatment to date has included medications, radiological studies, injections, psychological evaluation and a lumbar laminectomy. Current documentation dated May 4, 2015 notes that the injured worker reported low back pain which radiated to the bilateral lower extremities. The pain was rated a six out of ten on the visual analogue scale with medications. Examination of the lumbar spine revealed tenderness to palpation over the paravertebral muscles, spasms and a tight muscle band on both sides. A straight leg raise was positive bilaterally. Range of motion and motor testing were restricted due to pain. The treating physician's plan of care included a request for Viagra 100 mg # 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 tablets of Viagra 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdr.net/full-prescribing-information/viagra?druglabelid-471>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction.

Decision rationale: The patient presents with back pain radiating to lower extremities rated 6/10 with and 10/10 without medications. The request is for 4 TABLETS OF VIAGRA 100MG. The request for authorization is not provided. The patient is status-post L4-S1 fusion, 06/22/04. X-ray of the lumbar spine, 11/15/10, shows postoperative changes and approximately 3-mm anterolisthesis of L3 with respect to L4. CT of the lumbar spine, 11/09/09, shows disc vacuum phenomenon with severe endplate sclerosis with irregularity at L3-4, the level above the fusion suggesting stress at this disc level. Physical examination of the lumbar spine reveals loss of normal lordosis with straightening of the lumbar spine and surgical scar(s). Range of motion is restricted. On palpation, paravertebral muscles, hypertonicity, spasm, tenderness and tight muscle band is noted on both sides. Straight leg raising test is positive on both sides. Tenderness noted over the sacroiliac spine. The patient had a caudal epidural injection, 01/19/15, and reports 60% pain relief to legs and moderate pain relief to low back. Patient's medications include Effexor, Wellbutrin, Viagra, Rozerem, Gabapentin, Nexium, Celebrex, Omega 3 and Oxycodone. Per progress report dated 03/18/15, the patient is P&S and not working. The MTUS and ACOEM Guidelines do not discuss Viagra specifically. AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction states that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction(ED) including medical, sexual, and psychosocial evaluation is required including documentation of hypo-gonadism that may contribute to the patient's ED. Treater does not specifically discuss this medication. Patient is prescribed Viagra since at least 10/01/14. In this case, the treater has not performed a comprehensive physical examination or lab workup to support the diagnosis of erectile dysfunction. There is no discussion of ED at initiation, nor any discussion of efficacy in the subsequent progress reports. Without a comprehensive examination supporting the diagnosis of ED, or a specific condition which could cause ED, continuation of this medication cannot be determined. Therefore, the request IS NOT medically necessary.