

Case Number:	CM15-0139021		
Date Assigned:	07/30/2015	Date of Injury:	07/09/2012
Decision Date:	09/09/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/16/2015

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 41 year old male who sustained an industrial injury on 07-09-12. Initial complaints include right foot and ankle pain. Initial diagnoses are not available. Treatments to date include medications. Diagnostic studies are not addressed. Current complaints include pain in the bilateral feet, ankles, knees, hips, and back. Current diagnoses include complex regional pain syndrome, sprain of the foot, chronic pain syndrome, and lumbar spine sprain and strain. In a progress note dated 06-30-15 the treating provider reports the plan of care as electrodiagnostic studies of the right peroneal nerve as well as medications including Percocet, Gralise, Viagra, Celebrex, and Pamelor. The requested treatment includes Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 50mg 1 by mouth once a day as needed, #3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drug.com/pro/viagra.

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

Decision rationale: The California MTUS, ODG and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of erectile dysfunction. The patient does not have the documented diagnosis of erectile dysfunction due to industrial incident. Therefore the request is not medically necessary.