MAXIMUS Federal Services

Case Number:	CM15-0140325		
Date Assigned:	07/30/2015	Date of Injury:	02/03/1992
Decision Date:	08/31/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/20/2015

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: Preventive Medicine, Occupational 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:

The injured worker is a 68-year-old male with an industrial injury dated 02-03-1992. His diagnoses included degeneration of intervertebral disc, arthrodesis and degeneration of lumbar intervertebral disc. Prior treatment included surgery, pool therapy and medications. He presents on 05-28-2014 status post decompression/fusion of lumbar 3 (for now fused lumbar 3-sacrum.) He still had intermittent symptoms of pain for which he took medication. He was enrolled in pool therapy and attended three times a week. Objective findings noted lumbar exam to show moderate tenderness in the right lower lumbar region. His postural attitude was slightly forward flexed. Range of motion was improving. Sensory-motor and reflex exams were unchanged. He continued to use a cane. The treatment request is for Viagra 100 mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79. Decision based on Non-MTUS Citation US National Institute of Health (NIH) National Library of Medicine (NLM) PubMed, Physicians' Desk Reference.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Blue Cross Pharmacy Policy Bulletin, Title: Erectile Dysfunction Agents, Policy #: Rx.01.29, Policy Version Number: 4.00, P&T Approval Date: July 10, 2014.

Decision rationale: Sildenafil (Viagra) and tadalafil (Cialis) are approved when ALL of the following inclusion criteria are met: 1. Diagnosis of erectile dysfunction2. No concurrent use of nitrates 3. Any one of the following: a. Member is 55 years of age or older b. Documentation of a concomitant condition (such as diabetes, prostate cancer, pelvic surgery/radiation [e.g., colon cancer], spinal cord injury, neurological disease) c. Documentation of a normal testosterone leveld. Documentation of a low testosterone level and a low or normal prolactin level, with an inadequate response or inability to tolerate a testosterone replacement product. Documentation of a low testosterone level and a high prolactin level, with evidence of appropriate work up and treatment plan (treatment plan must be provided with this request) In addition, tadalafil (Cialis) is approved when there is documentation of BOTH of the following inclusion criteria are met:1. Diagnosis of BPH2. Inadequate response or inability to tolerate an alpha-blocker Documentation in the patient's medical record fails to meet the above inclusion criteria. Viagra 100mg #30 is not medically necessary.