

Case Number:	CM15-0160253		
Date Assigned:	08/26/2015	Date of Injury:	04/15/2005
Decision Date:	10/05/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/17/2015

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: Emergency 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 64 year old male who sustained an industrial injury on April 15, 2005. The worker was employed as a maintenance mechanic with noted multiple orthopedic injuries over the course of employment and became medically retired. On June 30, 2015 at a urologic follow up he reported feeling worse since undergoing back surgery on March 09, 2015. There was a noted complication of a deep vein thrombosis with prophylaxis and continues with urinary urgency and incontinence. There is also subjective complaint of insomnia and depression. The impression found: erectile dysfunction; low libido; multiple orthopedic issues; urinary incontinence; hypertension; diabetes; recent deep vein thrombosis; recent back surgery, depression, insomnia, and overweight. The plan of care is with recommendation for a trial of Levitra. At primary follow up dated May 07, 2015 he is not taking any oral pain medications and is obtaining adequate pain control with transdermal topical creams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levitra 20mg #10 as needed: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urological Association Treatment Guidelines, Phosphodiesterase type 5 inhibitors.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate, Evaluation of male sexual dysfunction.

Decision rationale: The requested Levitra 20mg #10 as needed, is not medically necessary. CA MTUS and ODG are silent on this issue. As a second tier reference, UpToDate Evaluation of male sexual dysfunction, provide sample guidelines for the evaluation of erectile dysfunction, which should direct treatment options. The treating physician has documented erectile dysfunction; low libido; multiple orthopedic issues; urinary incontinence; hypertension; diabetes; recent deep vein thrombosis; recent back surgery, depression, insomnia, and overweight. The plan of care is with recommendation for a trial of Levitra. At primary follow up dated May 07, 2015 he is not taking any oral pain medications and is obtaining adequate pain control with transdermal topical creams. The treating physician did not document applicable genitourinary symptoms or exam findings, current opiate therapy, testosterone levels, any derived functional benefit from any previous use, nor rule out other causes of erectile dysfunction. The criteria noted above not having been met, Levitra 20mg #10 as needed is not medically necessary.