

Case Number:	CM15-0182943		
Date Assigned:	09/23/2015	Date of Injury:	03/27/2013
Decision Date:	10/29/2015	UR Denial Date:	08/22/2015
Priority:	Standard	Application Received:	09/17/2015

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 March 27, 2013. A recent primary treating office visit dated August 06, 2015 reported subjective complaint of "low back and groin pain." There is "radiation of numbness into bilateral hip, buttocks, and right side worse." He uses medications and H-Wave machine for comfort. He states "has been experiencing erectile dysfunction since his hernia repair surgery." He states "has had difficulty achieving in maintaining erections." He has not had urologic evaluation. He continues taking Nabumetone and Tramadol. He has a medical history of: diabetes, hypertension, hypercholesterolemia and right eardrum perforation, healed with some residual hearing loss. The impression noted: degenerative disc disease and facet arthropathy with grade I anterolisthesis; canal stenosis; neural foraminal narrowing. He was prescribed Viagra, tramadol, and Nabumetone. The plan of care is noted recommending urologic referral assessing erectile dysfunction. At pain management follow up dated April 09, 2014 reported the worker as post right inguinal hernia repair August 21, 2013 and subjective complaint of: "pain in the axial low back in a band-like distribution." He reports having "sharp pain when he coughs." He has "pain ongoing into the lateral and posterior hips with prolonged walking and standing." On August 18, 2015 a request was made for Viagra that was noted with denial due to guideline do not recommend this medications use without documentation of increasing methods first before prescribing medications and supporting documentation did not show evidence.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 25mg #15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Consortium for Spinal Cord Medicine. Sexuality and reproductive health in adults with spinal cord injury: a clinical practice guideline for health-care professionals. Washington (DC): Paralyzed Veterans of America; 2010 Jan. 47 p..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <Montague DK, Jarow JP, Broderick GA, Dmochowski RR, Heaton JP, Lue TF, Milbank AJ, Nehra A, Sharlip ID, Erectile Dysfunction Guideline Update Panel. The management of erectile dysfunction: an update. Linthicum (MD): American Urologic Association Education and Research, Inc.; 2006 May. >.

Decision rationale: Viagra and other treatment of impotence is not a topic that is covered by the MTUS Chronic pain, ACOEM guidelines of Official Disability Guidelines. National guidelines were reviewed instead. As per guidelines by the American Urologic Association, initial management of impotence should begin with management and identification of organic comorbidities and psychosocial dysfunctions before usage of medications such as Viagra. There is no appropriate documentation of conservative treatment or management before usage of medications. Viagra is not medically necessary.