

Case Number:	CM15-0192661		
Date Assigned:	10/06/2015	Date of Injury:	06/05/2002
Decision Date:	11/13/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/30/2015

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:

This 59 year old man sustained an industrial injury on 6-5-2002. Evaluations have included electromyogram and nerve conductions studies of the bilateral upper and lower extremities, lumbar spine MRI, and cervical spine x-rays. Diagnoses include lumbar radiculopathy, lumbar degenerative disc disease, mood disorder, cervical spine pain, and post-laminectomy syndrome. Treatment has included oral and topical medications and multiple lumbar epidural steroid injections, lumbar medial branch blocks, physical therapy, and facet joint injection. Physician notes dated 9-2-2015 show complaints of increased low back pain with radiation in the bilateral lower extremities and bilateral shoulder pain. The worker rates his pain 9 out of 10 without medications and 7 out of 10 with medications. The physical examinations shows restricted cervical spine range of motion with pain and tenderness, tenderness to the lumbar spine, tenderness and crepitus to the bilateral knees, and 4-5 out of 5 strength in the bilateral lower extremities. Recommendations include continue wearing lumbar support, continue using four-wheel walker, continue current medication regimen, Norco, Soma, Klonopin, and cervical-lumbar epidural steroid injections. Utilization Review denied a request for Viagra on 9-10-2015. There is documentation in the medical records to support Viagra has been denied since at least 1-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Viagra 100mg #10 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator 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, Nahra A, Sharlip JD, Erectile Dysfunction Guideline Update Panel. The management of erectile dysfunction: an update. Linthicum (MD): American Urologic Association Education and Research, Inc.; 2006 May. Various pages.

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 1 prescription for Viagra 100mg #10 with 3 refills, is not medically necessary. CA MTUS and ODG are silent on this issue. As a second tier reference, up-to-date evaluation of male sexual dysfunction, provide sample guidelines for the evaluation of erectile dysfunction, which should direct treatment options. The injured worker has increased low back pain with radiation in the bilateral lower extremities and bilateral shoulder pain. The worker rates his pain 9 out of 10 without medications and 7 out of 10 with medications. The physical examinations shows restricted cervical spine range of motion with pain and tenderness, tenderness to the lumbar spine, tenderness and crepitus to the bilateral knees, and 4-5 out of 5 strength in the bilateral lower extremities. The treating physician did not document genitourinary symptoms or exam findings, 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, 1 prescription for Viagra 100mg #10 with 3 refills is not medically necessary.