

Case Number:	CM15-0197223		
Date Assigned:	10/12/2015	Date of Injury:	07/08/1996
Decision Date:	11/25/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	10/07/2015

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, 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 57 year old male, who sustained an industrial injury on 7-8-1996. The injured worker was being treated for history of cervical fusion at cervical 6-7 in 1997, history of bilateral carpal tunnel release in 2002, diabetic peripheral neuropathy, abdomen chronic neck, thoracic, and low back pain. Medical records (4-16-2015 to 8-10-2015) indicate ongoing low back pain with left lower extremity radicular symptoms. The injured worker did not report erectile dysfunction-related symptoms. The physical exam (4-16-2015 to 8-10-2015) reveals increased tenderness of the cervical and lumbar paraspinal muscles with a positive left leg lift. The physical exam did not include documentation of the genitourinary assessment. Per the treating physician (9-9-2015 report), an MRI from 8-27-2009 revealed a 4mm left-sided disk bulging at L5-S1 (lumbar 5-sacral 1) resulting in left neuroforaminal narrowing. Treatment has included a transforaminal epidural steroid injection, and medications including anti-epilepsy, hypnotic, erectile dysfunction, and non-steroidal anti-inflammatory. The requested treatments included Viagra tab 100 mg Qty 12 with 3 refills. On 9-21-2015, the original utilization review non-certified a request for Viagra tab 100 mg Qty 12 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra tab 100 mg Qty 12 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urological Association guidelines for treatment of erectile dysfunction.

Decision rationale: The request is for Viagra 100 mg #12 with 3 refills. In this case, the claimant injured his neck and shoulder on 7/8/1996 and currently complains of chronic low back pain with radicular symptoms down the left leg. CA MTUS/ODG are silent regarding request for Viagra. In this case, there is no subjective complaint of erectile dysfunction (ED) documented. There is no diagnosis of ED provided in the medical records submitted. There is no documentation of any rationale for treatment with Viagra. There is no documentation of functional improvement with prior use of Viagra. Based on the above, this request is not medically necessary or appropriate.