

Case Number:	CM15-0199681		
Date Assigned:	10/14/2015	Date of Injury:	10/07/2003
Decision Date:	12/03/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/09/2015

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: Pennsylvania

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 63-year-old male injured worker suffered an industrial injury on 10-7-2003. The diagnoses included multilevel lumbar spine bulges and protrusion, multilevel spinal canal stenosis, and 8-22-2005 the urologist consultant diagnosed erectile dysfunction as a result of the industrial injury and had been using Viagra or Cialis effectively since that time. On 8-28-2015, the treating provider reported he continued to use Viagra for Erectile Dysfunction. The medical record did not include current evidence of an evaluation of side effects or efficacy. The Utilization Review on 9-16-2015 determined non-certification for Viagra 100mg #30 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urological Association Education and Research, Inc; 2005, 2006.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Lexicomp/Viagra.

Decision rationale: The record indicates this worker has had evaluation and diagnosis of erectile dysfunction and treatment with Viagra since at least 2005. The 8/22/05 QME evaluation in urology states, "the applicant is able to perform sexually with the use of Viagra and Cialis" and also states, "The applicant began using Viagra at the recommendation of his primary care physician." The urologist performing the QME recommended treatment for erectile dysfunction. Viagra up to 100mg daily is appropriate treatment for erectile dysfunction. However, determination for continued use should be based on periodic re-assessment of efficacy and absence of adverse effects. There is no recent discussion in the medical record regarding this. In fact, the primary treating physician's evaluation and request for authorization does not even list erectile dysfunction as a diagnosis and there is no discussion within the note regarding the status of the erectile dysfunction or response to treatment. Viagra cannot be determined to be medically necessary and appropriate given the lack of documentation of efficacy of the medication.