MAXIMUS Federal Services

Case Number:	CM15-0203806		
Date Assigned:	10/20/2015	Date of Injury:	06/18/2002
Decision Date:	12/02/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/16/2015

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: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 50 year old male who sustained an industrial injury on 6-18-02. Subjective complaint (7-6-15) includes back pain. Objective findings (7-6-15) include some diffuse back tenderness, and normal back curvature. It is noted that the worker is probably having erectile dysfunction as a result of his chronic pain and "that there is a good association between chronic pain and chronic pain medications and erectile dysfunction and or low testosterone levels in men" also noted "it's very likely that chronic pain is interfering with his ability to have or maintain an erection for intimacy." Work status was reported as permanent and stationary. Medications noted are Belsomra, Celebrex, Tizanidine, Levitra (dosage not noted) and Nucynta. A request for authorization is dated 7-6-15 and notes back-leg pain as the diagnoses. The requested treatment of Levitra was denied on 9-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levitra (unknown dosage or amount): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com: Levitra (vardenafil).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation http://www.levitra.com/.

Decision rationale: Levitra (unknown dosage or amount) is not medically necessary per the MTUS Guidelines and an online review of this medication. A review online of Levitra indicates that this medication is used for erectile dysfunction. The MTUS states that the physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. The physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient. The documentation is not clear that the patient has had an evaluation of the etiology of erectile dysfunction. Furthermore, without a specific request for a dosage or quantity of this medication this request cannot be certified as medically necessary.