MAXIMUS Federal Services

Case Number:	CM15-0207779		
Date Assigned:	10/26/2015	Date of Injury:	10/05/2004
Decision Date:	12/09/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/21/2015

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: Physical Medicine & Rehabilitation

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 10-05-2004. According to the most recent progress report submitted for review and dated 10-07-2015, the injured worker underwent a L4-5 lumbar fusion on 09-02-2015. He no longer reported pain or numbness to the right leg. He reported an 80% improvement in low back pain. Current pain was rated 5-6 on a scale of 1-10. He was no longer taking 6 tablets of Percocet daily. He was averaging 4 tablets of Percocet. Occasionally he would take 5 tablets if pain was severe. He was taking Gabapentin to help alleviate neuropathic pain. Lidoderm patches provided additional pain relief. He denied excessive sedation, nausea or vomiting associated with the analgesic medications. He denied bowel or bladder incontinence. He was prescribed medications from his psychiatrist which included Amitriptyline, Depakote, Cymbalta, Halcion and Xanax. Current medications included Alprazolam, Percocet, Gabapentin, Amitriptyline, Aspirin, Atorvastatin, Cymbalta, Divalproex ER, Fenofibrate, Lisinopril, Olanzapine, Zaleplon, Metformin, Metoprolol, Plavix and Viagra. Diagnoses included chronic low back pain status post L5-S1 microdiscectomy and L5-S1 fusion on 09-16-09 and L4-5 fusion on 09-02-2015, lumbar radiculopathy and status post spinal cord stimulator implant. Disability status was deferred to the primary treating physician. The treatment plan included Percocet, Gabapentin, Lidocaine patch, topical Ketoprofen, Miralax and Viagra, continuation of spinal cord stimulator, follow up with neurosurgeon and follow up with psychiatry. Follow up was indicated in 4 weeks. On 10-14-2015, Utilization Review non-certified the request for Viagra 100 mg #12 and authorized the request for Gabapentin, Miralax, and Percocet. Topical Ketoprofen and Lidocaine patches were denied but not listed on the IMR application.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg #12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction.

Decision rationale: The current request is for Viagra 100MG #12. Treatment history includes L4-5 lumbar fusion on 09-02-2015, spinal cord stimulator, physical therapy, and medications. The patient is not working. The MTUS and ACOEM Guidelines do not discuss Viagra specifically. AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction states that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction (ED) including medical, sexual, and psychosocial evaluation is required including documentation of hypo-gonadism that may contribute to the patient's ED. Per report 10/07/15, the patient presents with low back pain rated as 5-6/10. The patient is status post lumbar fusion on 09/2/15, and reports 80% improvement in low back pain. Current medications included Alprazolam, Percocet, Gabapentin, Amitriptyline, Aspirin, Atorvastatin, Cymbalta, Divalproex ER, Fenofibrate, Lisinopril, Olanzapine, Zaleplon, Metformin, Metoprolol, Plavix and Viagra. The progress reports continually note "Continue Viagra 100mg 1 tab po 30 minutes prior to sexual intercourse as needed." In regard to the request for Viagra, the treater has not provided a comprehensive physical examination or lab workup to support the diagnosis of erectile dysfunction. This patient has been prescribed Viagra since at least 04/30/15, though there is no discussion of ED, nor any discussion of efficacy. Without a comprehensive examination supporting the diagnosis of ED, and discussion regarding medication efficacy, continuation of this medication cannot be supported. The request is not medically necessary.