MAXIMUS Federal Services

Case Number:	CM15-0209273		
Date Assigned:	10/28/2015	Date of Injury:	05/15/2003
Decision Date:	12/15/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/23/2015

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: Internal Medicine, Hospice & Palliative 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 5-15-03. The injured worker is diagnosed with drug induced erectile dysfunction, lumbar spondylolisthesis, low back pain and lumbar radiculopathy. Notes dated 7-24-15, 8-21-15 and 9-25-15 reveals the injured worker presented with complaints of moderate mid and low back pain that radiates to his bilateral lower extremities (right greater than left). The pain is described as throbbing and rated at 6 out of 10. The pain is increased by bending, lifting, sitting and lying down and relieved with medication. Physical examinations dated 7-24-15, 8-21-15 and 9-25-15 revealed "facial expressions indicate he is feeling pain". There is severe tenderness at the lower lumbar spine and bilateral lower lumbar paraspinal muscles as well as muscle spasms surrounding his surgical scar. The Kemps test is positive bilaterally. Treatment to date has included medications; Viagra (1-2015), Diazepam and Percocet and swimming relieve his pain, improved his mobility and function per noted dated 9-25-15, medial branch nerve block provided 80% relief per note dated 9-25-15 and a transforaminal lumbar interbody fusion. Diagnostic studies include lumbar spine MRI and urine toxicology screen. A request for authorization dated 10-6-15 for Viagra 100 mg #9 and pool membership is denied, per Utilization Review letter dated 10-13-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg, #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Guidelines Viagra.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sildenafil: Drug information. Topic 9643, version 139.0. UpToDate, accessed 12/11/2015.

Decision rationale: Viagra (sildenafil) is a medication in the phosphodiesterase-5 enzyme inhibitor class. The MTUS Guidelines are silent on this issue. The FDA approves its use in treating erectile dysfunction and in certain cases of high pressure in the lungs. There is also literature to support its use in the treatment of erectile dysfunction that is caused by certain medications and specific types of problems with swallowing. The submitted and reviewed documentation indicated the worker was experiencing back pain. There was no recent detailed assessment suggesting any of the above situations or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for nine tablets of Viagra (sildenafil) 100mg is not medically necessary.

Pool membership: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Aquatic therapy, Physical Medicine.

Decision rationale: The MTUS Guidelines support the use of aquatic therapy as an optional form of exercise therapy that is an alternative to land-based treatments. This type of treatment minimizes the effects of gravity and is specifically recommended when reduced weight-bearing is desirable, such as with extreme obesity. Active treatments can restore strength, function, and joint motion and can improve pain severity. The number of sessions should allow for the fading of treatment frequency. Workers are expected to continue self-directed treatments as an extension of therapy. The Guidelines recommend eight to ten visits over four weeks for treatment of neuralgia and/or radiculitis and nine to ten visits over eight weeks for treatment of myalgias. The submitted and reviewed documentation indicated the worker was experiencing back pain. The documented pain assessments were minimal and contained few of the elements encouraged by the Guidelines. There was no discussion describing a reason aqua therapy was expected to be more beneficial than a home exercise program. Further, the request was for an indefinite length of time, which would not account for changes in the worker's care needs. For these reasons, the current request for a pool membership for an indefinite length of time is not medically necessary.