

Case Number:	CM15-0214306		
Date Assigned:	11/04/2015	Date of Injury:	10/17/1998
Decision Date:	12/16/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/30/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old man sustained an industrial injury on 10-17-1998. Diagnoses include hypertension, gastroesophageal reflux disease, irritable bowel syndrome, chronic pain, chronic mixed headaches, insomnia, anxiety, depression, erectile dysfunction, dyslipidemia, prostatism, overactive bladder, xerostomia, and asthma. Treatment has included oral and topical medications. Physician notes on a PR-2 dated 4-29-2015 show complaints of back, shoulders, knees, and wrist pain, dry mouth, headaches, erectile dysfunction, and occasional diarrhea. The physical examination shows no significant findings. Recommendations include lung CT scan, Potassium Chloride, Andro-gel, fiber-Con, Lyrica, Maxide, Atenolol, Lipitor, Hydrocortisone, Rozerem, Reipax, Oxybutinin, Viagra, Lomotil, Symbicort, Albuterol, Pilocarpine, Norco, Soma, Xanax, and follow up in eight weeks. Utilization Review denied a request for Viagra on 10-2-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100MG #6 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Viagra.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Viagra prescribing information.

Decision rationale: The claimant has a remote history of a work injury occurring in October 1998 when, while working as a foreman, he slipped and fell sustaining injuries to the neck, back, and bilateral hands and wrists. He continues to be treated for chronic pain. In February 2014 there was a normal testosterone level. In November 2014 he had erectile dysfunction attributed to psychiatric medications. In April 2015 Viagra in combination with AndroGel were effective in treating his erectile dysfunction. Medications being prescribed also included Xanax, Norco, Soma, Relpax, Lyrica, Atenolol, Rozerem, Oxybutynin, Maxzide. Sexual dysfunction occurs for multiple reasons, which would include hormonal deficiency, diabetes, atherosclerosis, hypertension, peripheral vascular disease, and pharmacologically induced effects. In this case, the prescribing of Viagra appears to be on an empiric basis. A normal testosterone level is documented and the claimant is receiving testosterone supplementation without clear indication. His erectile dysfunction has been attributed to medication side effects and he is taking multiple medications that could cause erectile dysfunction. Identification of the reason for and treatment of the claimant's erectile dysfunction would be the expected management. Continued prescribing of Viagra is not considered medically necessary.