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| <b>Case Number:</b>   | CM15-0053566 |                              |            |
| <b>Date Assigned:</b> | 03/27/2015   | <b>Date of Injury:</b>       | 08/15/2007 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 02/23/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/20/2015 |

### 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: New Jersey, New York  
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 injured worker is a 55 year old male with an industrial injury dated August 15, 2007. The injured worker diagnoses include right shoulder rotator cuff injury with tear, myofascial pain syndrome, status post right shoulder repair on 1/17/2011, right shoulder sprain/strain injury and cervical disc injury. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 02/13/2015, the injured worker reported right shoulder and neck pain. Objective findings revealed mild tenderness to palpitation with painful range of motion of the right shoulder. The treating physician also noted right sided cervical paraspinous tenderness to palpitation, tightness and tenderness over the rhomboids and suprascapular musculature. The treating physician prescribed Levitra now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Levitra #10-12 per month:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/levitra.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [www.uptodate.com](http://www.uptodate.com), Levitra.

**Decision rationale:** The request is considered not medically necessary. The patient was treated with Levitra because of chronic pain-induced impotence. However, in the chart, there is no documentation of a full evaluation for erectile dysfunction. There was no history, physical, or blood-work to evaluate for other potential causes of erectile dysfunction. Medication side effects or co-morbid conditions need to be included in the work-up. Cardiac conditions that may require the use of nitrates need to be documented. Therefore, the request is considered not medically necessary.