

Case Number:	CM15-0080542		
Date Assigned:	05/01/2015	Date of Injury:	01/07/1999
Decision Date:	06/01/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/27/2015

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: North Carolina

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:

This 50 year old man sustained an industrial injury to the low back on 1/7/99. Previous treatment included magnetic resonance imaging, multiple lumbar surgeries including lumbar fusion status post removal of hardware, epidural steroid injections, physical therapy, aqua therapy and medications. In a PR-2 dated 3/10/15, the injured worker complained of ongoing difficulty with erectile dysfunction secondary to chronic opioid medications. The physician noted that the injured worker was in the process of weaning of opioid medications and had done admirably over the last two weeks to one month in following weaning instructions. The injured worker exhibited signs of withdrawal including shaking and nervousness; however, the diarrhea and vomiting had passed. Current diagnoses included status post fusion at L4 through S1 with hardware removal and chronic opioid dependency. The physician noted that the injured worker had been provided Viagra 100mg tablets #10 total in the past three months. The treatment plan included providing one additional prescription of Viagra #10 for an additional two to three month supply, an epidural steroid injection, starting aqua therapy following the epidural steroid injection, prescribing two week supply of medications (Soma, Dilaudid, Temazepam and Lunesta) and a random urine drug screen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication: Viagra 100mg #10: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urological Association (AUA).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, viagra.

Decision rationale: The California MTUS, ODG and the ACOEM do not address specifically the requested medication. The physician desk reference, states the requested medication is indicated for the treatment of erectile dysfunction. The patient has erectile dysfunction secondary to chronic opioid use due to chronic pain from the industrial accident. Therefore, the request is certified and is medically necessary.