

Case Number:	CM14-0149959		
Date Assigned:	09/18/2014	Date of Injury:	07/17/2009
Decision Date:	11/06/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in North Carolina. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 48-year-old with a reported date of injury of 07/17/2009. The patient has the diagnoses of lumbar post laminectomy syndrome, right lower extremity radiculopathy, reactive depression/anxiety, neurogenic bladder, erectile dysfunction, right femur status post ORIF, gastritis and obesity. Per the most recent progress notes provided for review from the treating physician dated 09/19/2014, the patient had complaints of debilitating back and leg pain. The physical exam noted lumbar muscle tenderness with numerous trigger points and decreased range of motion. The straight leg raise test was positive bilaterally and there was decreased pinwheel sensation on the left L5-S1 dermatome. Treatment recommendations included follow up with orthopedist, continue pain medications, re-schedule QME, follow up with urology, follow up with endocrinology and internal medicine and trigger point injections

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pfizer (August 2003) Viagra (sildenafil)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference

Decision rationale: The California MTUS, ACOEM and ODG do not specifically address the requested medication. Per the physician desk reference section on Viagra, the drug is indicated for the treatment of erectile dysfunction. It is contraindicated in patients who are on nitrate therapy. The included documentation for review has a note from the patient's urologist dated 4/02/2014. Per this progress note the patient was diagnosed with urinary frequency, nocturia, erectile dysfunction and decreased libido. The urologist felt like the erectile dysfunction was related to the patient's industrial accident. As the requested medication is indicated for the treatment of erectile dysfunction and the patient has no contraindications, the request is medically necessary.