

Case Number:	CM14-0182893		
Date Assigned:	11/07/2014	Date of Injury:	10/06/1976
Decision Date:	12/11/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/03/2014

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 American Board of Family Practice and is licensed to practice in California. 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 injured worker (IW) is a 64-year-old man with a date of injury of October 6, 1976. The IW sustained injuries to his neck, back and knees when he stepped on a loose pallet and fell. He underwent 5 back surgeries. There is a single detailed orthopedic note dated September 10, 2014, which indicated that the IW had, complains of back and right leg pain. Diagnoses include lumbar spondylosis and lumbar stenosis. There was no mention of erectile dysfunction within the documentation. Current medications were not documented. The prospective request is for Viagra 100mg #30 with 12 refills. There was no documentation provided that explained how the request for Viagra was in any way related to the injured worker's industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg #30 with 12 refills: 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/viagra.html>

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: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a699015.html>

Decision rationale: Pursuant to Medline plus, Viagra 100 mg #30 with 12 refills is not medically necessary. Viagra is used to treat erectile dysfunction in men. For additional details see attached link. In this case, there was a single progress note dated September 10, 2014 from the treating orthopedist, Watkins spine. The subjective complaints address the back and right leg. There is a detailed orthopedic physical examination and diagnosis of lumbar spondylosis and lumbar stenosis. There is no discussion of erectile dysfunction. It is unclear from the medical record how erectile dysfunction is causally related in any fashion to the injury initially sustained. It is unclear from the medical record how erectile dysfunction is causally related in any fashion to the persistent complaints. There is no documentation referencing erectile dysfunction in the medical record. Consequently, Viagra 100 mg #30 with 12 refills is not medically necessary.