

Case Number:	CM14-0210634		
Date Assigned:	12/23/2014	Date of Injury:	12/15/2001
Decision Date:	02/28/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 employee is a 52 year old female with date of injury of 12/15/2001. A review of the medical records indicate that the patient is undergoing treatment for discogenic disease of the lumbar spine, pulmonary hypertension, aortic stenosis, ischemic heart disease, and restrictive ventilator disorder. Subjective complaints include continued shortness of breath, wheezing and coughing. Objective findings include radial pulse of 85 with adequate volume, PFT's showing restrictive lung changes, 94% saturation with no use of accessory muscles . Treatment has included Singulair, Xanax, Revatio (sildenafil), Lipitor, Lasix, aspirin, Cozaar, Dulera, Coumadin, Flonase, Ultram, and Spiriva. The utilization review dated 11/25/2014 non-certified sildenafil 20 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sildenafil 20mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Medline Plus, Sildenafil (Viagra), Online Edition

Decision rationale: MTUS and ODG are silent with regards to Sildenafil. The Medline Plus resource states "Sildenafil (Viagra) is used to treat erectile dysfunction (impotence; inability to get or keep an erection) in men. A secondary use for Sildenafil is "to improve the ability to exercise in adults with pulmonary arterial hypertension". The employee has a diagnosis of pulmonary arterial hypertension. Therefore, the request for Sildenafil 20mg #90 is medically necessary.