

Case Number:	CM15-0000489		
Date Assigned:	01/12/2015	Date of Injury:	10/06/1976
Decision Date:	03/20/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 64 year old male with a date of injury as 10/06/1976. The cause of the injury occurred when he stepped on a pallet and fell. The current diagnoses include lumbar spondylolysis and lumbar stenosis. Previous treatments include medications, physical therapy, and surgery. Report dated 09/10/2014 noted that the injured worker presented with complaints that included back and right leg pain. Physical examination revealed lumbar and posterior iliac crest tenderness bilaterally. The documentation submitted did not include a current list of medications and how they have affected the injured worker, nor was there any complaints of erectile dysfunction. The injured worker is currently working. The utilization review performed on 12/09/2014 non-certified a prescription for Viagra based on no clinical indication for 11 refills requested since periodic evaluation is necessary. The reviewer referenced <http://daily.med.nlm.nih.gov> in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

20 TABLETS OF VIAGRA 100 MG WITH 11 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Treatment in Workers' Compensation

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Guidelines, Clinical Policy Bulletin: Erectile Dysfunction and Policy Number: 0007

Decision rationale: The patient was injured on 10/06/76 and presents with back pain and right leg pain. The request is for 20 TABLETS OF VIAGRA 100 MG WITH 11 REFILLS. There is no RFA provided and the patient is currently working. It is unknown when the patient began taking this medication and the report with the request is not provided. Unfortunately, there is only one progress report provided from 09/10/14 and this report does not mention anything about Viagra. The MTUS, ACOEM and ODG Guidelines do not discuss Viagra specifically. Aetna Guidelines, Clinical Policy Bulletin: Erectile Dysfunction and Policy Number: 0007, require comprehensive physical examination and lab work for a diagnosis of erectile dysfunction including medical, sexual, and psychosocial evaluation. The patient is diagnosed with lumbar spondylosis and lumbar stenosis. There is no list of medications provided. In this case, there are no laboratory tests documenting patient's testosterone levels; no medical or psychosocial evaluation as required by the Guidelines. Some guidelines such as the AETNA consider life-enhancing medications not medically necessary. The requested Viagra IS NOT medically necessary.