

Case Number:	CM15-0012314		
Date Assigned:	01/29/2015	Date of Injury:	08/25/2004
Decision Date:	03/23/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/21/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old male sustained an industrial injury on 6/25/04, with subsequent ongoing right knee pain. Treatment included medications, physical therapy and injections. In a PR-2 dated 12/4/14, the injured worker complained of persistent pain, swelling and grinding of the right knee. The injured worker reported some improvement with Orthovisc injections. Current diagnoses included medial and lateral meniscal tear, right knee status post arthroscopic partial medial and lateral meniscectomy and right knee post traumatic osteoarthritis. Work status was permanent and stationary. The treatment plan included physical therapy, a prescription for Norco and continuing to use a cane with the left hand. No complaints of erectile dysfunction were found within the documentation submitted for review. On 12/18/14, Utilization Review noncertified a request for prospective use of Staxyn 10mg #6 noting lack of documentation of complaints of sexual dysfunction and citing Mosby's Drug Consult notes and CA MTUS Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective use of Staxyn 10mg #6: Upheld

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 Staxyn http://www.emedicinehealth.com/drug-wardenafil/article_em.htm Rasner, P.I. & Pushkar, D. [Orally dissolving tablet levitra--a new step in the treatment of patients with erectile dysfunction]. Urologia, 93-96, 98 (2013).

Decision rationale: According to emedicine health, Staxyn (Levitra) is a muscle relaxant that increase blood flow to a particular area of the body. The medication is used to treat erectile dysfunction. There is no documentation that the patient developed sexual dysfunction related to erectile dysfunction. Therefore, the request for Prospective use of Staxyn 10mg #6 is not medically necessary.