

Case Number:	CM15-0117498		
Date Assigned:	06/25/2015	Date of Injury:	12/18/2013
Decision Date:	07/27/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/18/2015

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, Alabama, 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:

The injured worker is a 49-year-old male, who sustained an industrial injury on 12/18/13. He reported pain in his upper back and right upper extremity. The injured worker was diagnosed as having cervical radiculopathy and cervical disc displacement with myelopathy. Treatment to date has included chiropractic treatments, acupuncture and a right shoulder MRI. Current medications include Celebrex and Omeprazole. As of the PR2 dated 5/20/15, the injured worker reports pain in his neck that radiates to the right shoulder, right upper arm and right hand. He rates his pain a 5/10. The injured worker reported some problems with erectile dysfunction. The treating physician requested to start Sildenafil 20mg #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

10 Sildenafil 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile dysfunction Guideline Update Panel. American Urological Associations Education and Research Inc.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation < Sildenafil. <http://en.wikipedia.org/wiki/Sildenafil>.

Decision rationale: MTUS and ODG guidelines are silent regarding the use of Viagra. Viagra is using as a first line therapy to treat erectile dysfunction. Prior to the use of Viagra, a comprehensive physical examination and about the workup should be performed to identify reversible factors that should be treated first. There is no documentation that a work up was done to investigate the cause of the erectile dysfunction (that may require different treatment) such as spine and urological disease, metabolic disease (diabetes) and vascular disorders. Furthermore, there is no documentation of efficacy of previous use of Viagra. Therefore, the request for 10 Sildenafil 20 mg is not medically necessary.