MAXIMUS Federal Services

Case Number:	CM15-0120477		
Date Assigned:	07/01/2015	Date of Injury:	06/01/2007
Decision Date:	08/18/2015	UR Denial Date:	05/28/2015
Priority:	Standard	Application Received:	06/22/2015

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, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

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 injured worker is a 46 year old male who reported an industrial injury on 6/1/2007. His diagnoses, and or impression, were noted to include: lumbago; cervicalgia; internal left knee derangement; and erectile dysfunction. No current imaging studies were noted. His treatments were noted to include a lumbosacral spinal fusion, fixation, decompression and laminectomy surgery (11/28/14); medication management; and rest from work. The progress notes of 4/15/2015 reported an orthopedic re-evaluation with complaints of increasing neck pain that radiated to the right side and facial area, with headaches; worsening, constant, moderate pain in the cervical spine that was aggravated by activities; improved intermittent low back pain aggravated by activities; unchanged, intermittent left knee pain, with swelling and buckling, that was aggravated by activities; and difficulty sleeping. Objective findings were noted to include: an elevated blood pressure; no acute distress; tenderness to the cervical and lumbar spine, and left knee that are with various positive assessment findings for pain and limited range-of-motion. The physician's requests for treatments were noted to include the refilling of his medications that were benefiting him; under a separate cover letter that was not provided for my review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg, unspecified quantity: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/viagra.html.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0012114/.

Decision rationale: The MTUS and ODG guidelines are silent on the use of Viagra. Per the US National Library of Medicine, Sildenafil (Viagra) is used to treat men who have erectile dysfunction. Sildenafil belongs to a group of medicines called phosphodiesterase 5 (PDE5) inhibitors. These medicines prevent an enzyme called phosphodiesterase type-5 from working too quickly. The penis is one of the areas where this enzyme works. As the request does not contain quantity information, the request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for #15.