

Case Number:	CM15-0170100		
Date Assigned:	09/10/2015	Date of Injury:	08/13/2013
Decision Date:	10/15/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	08/28/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 is a 47 year old male patient who sustained an industrial injury on 08-13-2013. Initial injuries occurred to the knee and back after falling. Current diagnoses include cervical sprain-strain, lumbar sprain-strain, meniscus tear-knee, and foot sprain-strain. Per the report dated 08-10-2015, he had complaints of neck pain, low back pain, right knee pain, and erectile dysfunction. He stated that medications and TENS help with pain. Physical examination revealed tenderness to palpation and decreased range of motion. The medications list includes Naproxen, Cyclobenzaprine, Lidopro cream and Viagra. He has undergone right knee arthroscopic surgery on 11/11/2013. Previous treatments included medications, surgical intervention, home exercise program, and TENS treatment. The treatment plan included giving him a script for Viagra to help with erectile dysfunction, refilled pain medications, continue with home exercise program and TENS treatment, and recommended a gym membership. Currently the patient is on modified work restrictions. Documentation does not indicate any prior use of Viagra or complaints of erectile dysfunction. The utilization review dated 08-19-2015, non-certified the request for Viagra based on the following rationale. The utilization reviewer stated, "The decision was based on no documentation that the patient has been worked up by an urologist and has been diagnosed with erectile dysfunction. There is no blood work indicating that he has low testosterone level."

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.xliet.com/vigra-drug/indications-dosage.htm>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson Micromedex, FDA labeled indication for sildenafil.

Decision rationale: This is a request for Viagra, which contains sildenafil. It is used in the treatment of erectile dysfunction and pulmonary hypertension. Per the Thompson Micromedex FDA labeled indications for the sildenafil includes "erectile dysfunction and pulmonary hypertension." Per the records provided patient had erectile dysfunction. However, a detailed history and examination, and laboratory tests, related to erectile dysfunction were not specified in the records provided. Evidence of pulmonary hypertension is not specified in the records provided. Viagra 100mg #10 is not medically necessary for this patient at this time.