MAXIMUS Federal Services

Case Number:	CM15-0170200		
Date Assigned:	09/10/2015	Date of Injury:	05/04/2012
Decision Date:	10/08/2015	UR Denial Date:	08/26/2015
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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 55 year old male, who sustained an industrial injury on 05-04-2012. The injured worker is currently not working. Current diagnoses include lumbar disc displacement without myelopathy, lumbar or lumbosacral disc degeneration, and thoracic or lumbosacral neuritis or radiculitis. Treatment and diagnostics to date has included consistent urine drug screen and medications. Current medications include Norco and Viagra. In a progress note dated 08-14-2015, the injured worker reported lower back, left lower extremity, and left knee pain and stated he is unable to get an erection since his injury. Objective findings included an antalgic gait, restricted lumbar range of motion, spasm and tenderness on palpation to the paravertebral muscles, positive left sided straight leg raise test, and decreased light touch sensation over left calf and thigh. The Utilization Review with a decision date of 08-26-2015 non-certified the request for Viagra 10mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Testosterone replacement for hypogonadism.

Decision rationale: The claimant sustained a work injury in May 2012 and is being treated for radiating low back pain into the left lower extremity and left knee pain. Since injury, the claimant has had erectile dysfunction. Viagra had previously been of some help. When seen, he was having depressive symptoms every day and episodic frustration. There were symptoms of paranoia and a psychiatric evaluation and cognitive behavioral therapy are referenced. Physical examination findings included an antalgic gait. There was decreased and painful lumbar range of motion with paraspinal muscle tenderness and muscle spasms. There was positive left straight leg raising. There was sacroiliac tenderness. Norco and Viagra were prescribed. The total MED (morphine equivalent dose) was from 10 to 30 mg per day. Sexual dysfunction due to decreased libido may be primary due to psychologic causes, or secondary due to conditions which would include hormonal deficiency, diabetes, atherosclerosis, hypertension, peripheral vascular disease, and pharmacologically-induced effects. In this case, prescribing of Viagra appears to be on an empiric basis. If the claimant has depression is the cause of his erectile dysfunction, then treatment for depression would be the expected management. He is taking Norco at a low MED (morphine equivalent dose) and there is no lab testing documenting a low testosterone level. Prescribing Viagra is not medically necessary.