MAXIMUS Federal Services

Case Number:	CM15-0062197		
Date Assigned:	04/08/2015	Date of Injury:	06/07/2012
Decision Date:	05/14/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/01/2015

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:

The injured worker is a 58-year-old male, who sustained an industrial injury on 6/7/12. The injured worker has complaints of lumbar spine pain and left pain with numbness and tingling. The injured worker complaints of increase in size of lump on right side of lumbar spine and tenderness to touch. He has slight urinary incontinence and erectile dysfunction. The diagnoses have included sexual impotence; left inguinal hernia. Treatment to date has included Tylenol #3; magnetic resonance imaging (MRI) of the lumbar spine; electromyography; decompression laminectomy and discectomy at L3-L4 and L4-L5 and medications. The request was for Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100 mg Qty 26: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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. The documentation submitted for review notes that prior to the industrial injury, the injured worker had no bladder or bowel incontinence or erectile dysfunction. Following the injury, he lost his ability to get his erection. He was given a therapeutic trial with generic Viagra. Viagra 100mg did not work; however, Viagra 200mg produced an erection which enabled the injured worker to have intercourse. Urological consult note dated 12/17/14 urologist felt that the injured worker's impotence was neurological and not vascular. The UR physician's rationale for denial was not available for review. Given the medication's efficacy, the request is medically necessary.