MAXIMUS Federal Services

Case Number:	CM15-0065378		
Date Assigned:	04/13/2015	Date of Injury:	03/30/2012
Decision Date:	05/14/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/07/2015

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
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47-year-old male, who sustained an industrial injury on 03/30/2012. He reported an injury to his head and neck and was diagnosed with a cervical fracture. The injured worker is currently diagnosed as having incomplete spinal cord injury secondary to industrial injury, traumatic brain injury, spasticity, neurogenic bowel and bladder, meniscal tear of the right knee status post repair, and complicated migraines secondary to traumatic brain injury. Treatment to date has included home exercise program, physical therapy, brain MRI, lumbar spine MRI, right knee MRI, right knee surgery, halo immobilization, and medications. In a progress note dated 02/05/2015, the injured worker presented with complaints of ongoing difficulty with mobility, pain, sensation in the right side of his body, and spasms. The treating physician reported the injured worker continues with neurogenic erectile dysfunction. According to the application, Independent Medical Review is requested for Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg #10 days supply: 10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines Clinical Policy Bulletin No. 0007 erectile dysfunction.

Decision rationale: Based on the 02/05/15 progress report provided by treating physician, the patient presents with neurogenic erectyle dysfuntion, pain and difficulty with his sensation in the right side of body, weakness to left side of body, and spasms bilaterally. The request is for VIAGRA 100MG #10 DAYS SUPPLY: 10. Patient is status post left knee procedure 11/02/12, and has an 11/25/14 diagnosis of non-displaced C2 fracture. No RFA provided. Patient's diagnosis on 02/05/15 included incomplete spinal cord injury secondary to industrial trauma, traumatic brain injury with residual sequelae related to brain injury, spasticity, neurogenic bowel, and neurogenic bladder. Treatment to date has included physical therapy, brain MRI, lumbar spine MRI, right knee MRI, right knee surgery, halo immobilization, and medications. Patient's medications include Viagra, Cialis, Flomax, Hytrin, Dantrolene, Norco, Robaxin, Baclofen, Limbrel, Cymbalta, Colace, Meclizine, Omeprazole, Clonazepam, Gralize, Maxalt, and Lidocaine patch. Patient is continuing home exercise program. Patient is physically temporarily totally disabled, per treater report dated 01/09/15. The MTUS and ACOEM Guidelines do not discuss Viagra specifically. AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction states that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction(ED) including medical, sexual, and psychosocial evaluation is required including documentation of hypo-gonadism that may contribute to the patient's ED. AETNA also does not support performance-enhancing drugs such as Viagra or Cialis.Viagra and Cialis were included in patient's medications, per treater reports dated 11/25/14, and 02/05/15. The patient has a diagnosis of neurogenic erectyle dysfunction. Patient is deemed mentally permanent and stationary on 03/19/14, per QME report dated 01/27/15. However, there is no psychosocial evaluation, nor medical evaluation regarding ED, in terms of etiology, severity, etc. There are no laboratory tests documenting patient's testosterone levels. Some guidelines such as the AETNA consider life-enhancing medications not medically necessary. Therefore, the request for Viagra IS NOT medically necessary.