MAXIMUS Federal Services

Case Number:	CM15-0073302		
Date Assigned:	04/23/2015	Date of Injury:	03/15/2002
Decision Date:	06/01/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/16/2015

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: Pennsylvania
Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 49 year old male, who sustained an industrial injury on 3/15/02. The injured worker has complaints of back pain. The diagnoses have included lumbosacral spondylosis without myelopathy; back pain and erectile dysfunctions. Treatment to date has included Demerol and valium injections; cortisone injections; anti-inflammatories; left shoulder surgery; magnetic resonance imaging (MRI); physical therapy; electromyography on 1/19/04; chiropractic treatment; percocet for pain; valium and viagra. The request was for Viagra 100mg, ninety count and valium 10mg, thirty count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100 mg, ninety count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sildenafil: Drug information. Topic 9643, version 131.0. UpToDate, accessed 05/23/2015.

Decision rationale: Viagra (sildenafil) is a medication in the phosphodiesterase-5 enzyme inhibitor class. The MTUS Guidelines are silent on this issue. The FDA approves its use in treating erectile dysfunction. There is literature to support its use in the treatment of erectile dysfunction that is caused by certain medications, a specific type of problem swallowing, and certain cases of high pressures in the lungs. The submitted and reviewed documentation indicated the worker was experiencing lower back pain that went into the legs. There was no recent detailed assessment suggesting any of the above situations or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for ninety tablets of Viagra (sildenafil) 100mg is not medically necessary.

Valium 10 mg, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24, 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines, Weaning of Medications Page(s): 24, 124.

Decision rationale: Valium (diazepam) is a medication in the benzodiazepine class. The MTUS Guidelines recommend benzodiazepines for no longer than four weeks. Long-term benefits are not proven, and tolerance to the potential benefits develops quickly. Long-term use can increase anxiety and can lead to dependence. The submitted and reviewed documentation indicated the worker was taking this medication for at least several months. There was no discussion describing special circumstances that sufficiently supported long-term use or describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets of Valium (diazepam) 5mg with two refills is not medically necessary. Because the potential serious risks outweigh the benefits as described in the submitted documentation, the worker should be able to complete a wean with the medication already available to the worker.