

Case Number:	CM15-0076234		
Date Assigned:	04/27/2015	Date of Injury:	02/11/2008
Decision Date:	05/29/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/21/2015

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:

The injured worker is a 54 year old male with an industrial injury dated February 11, 2008. The injured worker's diagnoses include pain in joint left shoulder status post arthroscopy, cervical disc displacement, neck pain, disorders of sacrum, sciatica and lumbar disc displacement without myelopathy. Treatment consisted of X-ray of right ankle/ right ribs, MRI of lumbar spine, prescribed medications, spinal surgery consultation, functional restoration program and periodic follow up visits. In a progress note dated 4/13/2015, the injured worker presented for follow up of low back pain, neck pain, lower extremity radiculopathy and shoulder pain. Objective findings revealed antalgic gait. Treatment plan consisted of conservative measures with medication management. The treating physician prescribed services for Viagra 100mg #10 now under review. The patient's surgical history includes left shoulder arthroscopic surgery. The medication list includes Norco, Cyclobenzaprine, Pantaprazole, Naproxen and Viagra.

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 Official Disability Guidelines (ODG), Pain Chapter, Testosterone replacement for hypogonadism (related to opioids).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Hence Thompson Micromedex.

Decision rationale: ODG and MTUS do not specifically address for this medication. Hence Thompson Micromedex is used FDA labeled indications of the Viagra Erectile dysfunction and pulmonary hypertension. MTUS guideline does not specifically address this issue. Hence Thompson Micromedex is used. As per cited guideline, the FDA labeled indications of Viagra include Erectile dysfunction and pulmonary hypertension. The criteria for use of Viagra are not met. Any evidence of Erectile dysfunction and pulmonary hypertension was not specified in the records provided. He had been using the medication, and its effectiveness was not specified in the records provided. The medical necessity of the request for Viagra 100mg #10 is not medically necessary for this patient.