

Case Number:	CM15-0077498		
Date Assigned:	04/29/2015	Date of Injury:	03/08/2007
Decision Date:	05/26/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/23/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 March 8, 2007. He reported paranoia and major depression. The injured worker was diagnosed as having major depressive disorder. Treatment to date has included psychotropic medications and work restrictions. Currently, the injured worker complains of slightly improved depression with some suicidal ideation remaining, weight loss and sexual dysfunction causing anger and frustration. The injured worker reported an industrial injury in 2007, resulting in the above noted associated symptoms. He was treated conservatively without complete resolution of the symptoms. He reported frustration for his wife and himself for being unable to obtain an erection. Evaluation on November 18, 2014, revealed continued symptoms as noted. Viagra was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra tab 50mg #10 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR Drug Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition. 2011.

Decision rationale: The patient is a 47-year-old male with a listed injury on 03/08/2007. He is overweight and has diabetes and depression. He takes Wellbutrin and Prozac. Recently he punched a refrigerator. He has lost weight but is still overweight/ functional impairment with getting erections from medication or diabetes or depression/stress has not been ruled out. Viagra is not medically necessary based on the documentation provided for review.