

Case Number:	CM15-0077545		
Date Assigned:	04/29/2015	Date of Injury:	01/30/2014
Decision Date:	05/28/2015	UR Denial Date:	04/13/2015
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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 32-year-old who has filed a claim for chronic hand and wrist pain with derivative complaints of depression, anxiety, and panic disorder reportedly associated with an industrial injury of January 30, 2014. In a Utilization Review report dated April 30, 2015, the claims administrator failed to approve a request for sildenafil. The claims administrator referenced a March 30, 2015 progress note in its determination. Non-MTUS Guidelines were invoked in the determination. The applicant's attorney subsequently appealed. On October 7, 2014, the applicant reported ongoing complaints of hand and wrist pain. Tramadol and Neurontin were endorsed. There was no mention of the applicant's using sildenafil on that date. On December 9, 2014, the applicant was given diagnoses of major depressive disorder and panic disorder. Lexapro was endorsed. On March 30, 2015, the applicant reported various issues including dyspepsia. The applicant was using Ultracet and Neurontin. The applicant sustained a burn of the hand. Sildenafil (Viagra) was endorsed "before sexual activity." There was, however, no explicit mention of the applicant's having issues with sexual dysfunction. On January 20, 2015, the applicant reported ongoing issues with depression and panic disorder. Lexapro was endorsed. The applicant was placed off of work, on total temporary disability, from a mental health perspective. The applicant was described as obese. The applicant was using a cane to move about. There was, once again, no explicit discussion of sexual dysfunction. On January 5, 2013, the applicant's psychiatrist stated that the applicant was in the process of being terminated by his employer. There was no mention of the applicant's having issues with sexual

dysfunction. Similarly, an earlier note of January 2, 2015 likewise made no mention of the applicant's having issues with sexual dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sildenafil 25mg #6: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MD consult.com.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Food and Drug Administration Indication and Usage VIAGRA is indicated for the treatment of erectile dysfunction.

Decision rationale: No, the request for sildenafil (Viagra) was not medically necessary, medically appropriate, or indicated here. While the MTUS does not specifically address the topic of Viagra (sildenafil), page 47 of the ACOEM Practice Guidelines notes that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations in order to ensure proper usage and to manage expectations. Here, however, the attending provider did not clearly state for what purpose sildenafil (Viagra) had been endorsed, seemingly for the first time, March 30, 2015. The attending provider's progress note of March 30, 2015 suggested that the applicant was asked to employ sildenafil prior to sexual activity. While the Food and Drug Administration (FDA) does acknowledge that sildenafil (Viagra) is indicated in the treatment of erectile dysfunction, here, there was no explicit mention of the applicant's having issues with erectile dysfunction (ED) on multiple medical and mental health progress notes, referenced above. Therefore, the request was not medically necessary.