

Case Number:	CM15-0091776		
Date Assigned:	05/18/2015	Date of Injury:	02/06/2013
Decision Date:	07/15/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/12/2015

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: 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 injured worker is a 29 year old male who sustained a work related injury February 6, 2013. According to a primary treating physician's progress report, dated March 16, 2015, the injured worker presented with complaints of worsening pain throughout his back which radiates down his left lower extremity and left foot. He reports pain in his shoulder radiating down his left arm with difficulty sleeping due to pain. Diagnoses are cervical spine sprain/strain, herniated cervical disc with radiculitis/radiculopathy; left shoulder sprain/strain rule out tendinitis impingement; left shoulder parascapular sprain/strain; chronic left thoracic outlet syndrome; sexual impairment. Treatment plan included referral for chronic regional pain syndrome, spinal cord stimulation trial, and pending authorization; bone scan, MRI arthrogram, venous Doppler study and acupuncture treatment. At issue, is the request for authorization for Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Viagra 100mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmed/12414331.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.auanet.org/education/guidelines/erectile-dysfunction.cfm.

Decision rationale: MTUS Guidelines do not address this issue. The prescribing physician has not met generally recognized medical standards to support the ongoing prescribing of Viagra. The suspected cause of erectile dysfunction is not discussed by the prescribing physician and the use/benefits of the prescription are not documented in follow-up evaluations. The minimum requirements to support the ongoing prescribing of Viagra are not met by the prescribing orthopedic surgeon and there are no unusual circumstances to justify an exception to recommend standards. The Retrospective Viagra 100mg #10 is not medically necessary.