

Case Number:	CM15-0097889		
Date Assigned:	05/29/2015	Date of Injury:	03/25/1998
Decision Date:	07/01/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/21/2015

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:

This is a 55 year old male patient, who sustained an industrial injury on March 25, 1998. The diagnoses include failed back surgery syndrome -lumbar, lumbar radiculopathy, status post lumbar spine fusion, headaches - unclassified, diabetes mellitus, chronic pain - other and erectile dysfunction due to pain and medication use, status post anterior fusion. Per the doctor's note dated October 4, 2014, he had complains of neck pain radiating down the bilateral upper extremities, low back pain radiating down the bilateral lower extremities, bilateral knee and leg pain, abdomen pain, and ongoing headaches. His pain is unchanged since the prior visit. He reports limitations of activities of daily living in the areas of self-care and hygiene, activity, ambulation, hand function, sleep, and sex. The physical exam revealed a slow and antalgic gait, moderately to severely limited lumbar range of motion, significantly increased pain with flexion and extension, decreased sensation along the left lower extremity lumbar 5 dermatome, and a positive seated left straight leg raise for radicular pain at 70 degrees. The medications list includes viagra, ibuprofen, tramadol and elavil. He has had multiple diagnostic studies including lumbar MRIs. Treatment to date has included therapy and medications including pain, antidepressant, erectile dysfunction, and non-steroidal anti-inflammatory. The treatment plan includes continuing Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg, #10 with 3 refills: 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.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Thompson Micromedex FDA labeled indication for sildenafil.

Decision rationale: Request-Viagra 100mg, #10 with 3 refills. This is a request for Viagra which contains sildenafil. It is used in the treatment of erectile dysfunction and pulmonary hypertension. Per the Thompson Micromedex FDA labeled indications for the sildenafil includes erectile dysfunction and pulmonary hypertension. A recent detailed clinical evaluation note is not specified in the records provided. Per the records provided patient had limitation in ADLs including sex. However, a detailed history and examination, and laboratory tests, related to erectile dysfunction were not specified in the records provided. Evidence of pulmonary hypertension is not specified in the records provided. The medical necessity of Viagra 100mg, #10 with 3 refills is not medically necessary for this patient at this time.