Case Number:	CM16-0221706		
Date Assigned:	11/23/2016	**Date of Injury:**	10/16/2016
Decision Date:	12/21/2016	**UR Denial Date:**	10/20/2016
Priority:	Standard	**Application Received:**	11/15/2016

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,South Carolina
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 65 year old male with an industrial injury date of 10-16-2016. Medical record review indicates the injured worker is being treated for male erectile disorder. The injured worker presented on 10-10-2016 for cardiac consultation. Prior history included coronary artery stenting, left bundle branch block and a second coronary stent. Other history included hypertension and hyperlipidemia. The injured worker also complained of erectile dysfunction. Current medications included lisinopril, metoprolol, atorvastatin and Aspirin. Prior treatment included cardiac stent. The injured worker had no history of smoking or alcohol abuse and no history of illicit drug use. Objective findings included normal first and second heart sounds. There was no pitting edema. Triglycerides were 83, total cholesterol 130, LDL 70 and HDL 42 on 02-26-2016. Echocardiogram in March 2015 showed normal left ventricular systolic function. The treatment plan included decreasing metoprolol to 25 mg every 12 hours and treat with Viagra 50 mg as needed. On 10-20-2016, the request for 3 months coverage of Viagra 50 mg was non-certified by Utilization Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three months coverage of Viagra 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Sildenafil: Drug information, accessed from UpToDate.com on 12/17/2016.

Decision rationale: The MTUS Guidelines and ODG do not address the use of Viagra, therefore, alternative guidelines were consulted. Per UpToDate, Viagra is used in the treatment of erectile dysfunction and in pulmonary arterial hypertension. Treatment of pulmonary arterial hypertension (PAH) (WHO Group I; efficacy established predominately in patients with WHO/NYHA functional class II and III) in adults to improve exercise ability and delay clinical worsening. In this case, the proposed, specific, amount of Viagra requested is not included with the request. The request for a 3 month supply is vague and open to interpretation. Medical necessity has not been established. The request for three months coverage of Viagra 50mg is determined to not be medically necessary.