MAXIMUS Federal Services

Case Number:	CM14-0154655		
Date Assigned:	09/24/2014	Date of Injury:	09/30/2003
Decision Date:	11/06/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [redacted] employee who has filed a claim for chronic low back pain, major depressive disorder, emotional distress, and sleep disturbance reportedly associated with an industrial injury of September 30, 2003.Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; anxiolytic medications; opioid therapy; unspecified amounts of physical therapy; unspecified amounts of acupuncture; unspecified amounts of aquatic therapy; earlier cervical fusion surgery; and extensive periods of time off of work.In a Utilization Review Report dated August 22, 2014, the claims administrator denied a request for Levitra.The applicant's attorney subsequently appealed.In a May 4, 2012 progress note, the applicant was given diagnoses of Gastroesophageal reflux disease, irritable bowel syndrome, hypertension, and sleep disturbance. The applicant was asked to eschew NSAIDs. Ambien and Gaviscon were prescribed. On May 3, 2012, the applicant was placed off of work, on total temporary disability. A weight loss procedure was apparently pending. Vicodin, Elavil, Norflex, and Ativan were renewed.In a June 20, 2014 progress note, the applicant was given diagnoses of Gastroesophageal reflux disease, irritable bowel syndrome, hypertension, atherosclerosis, obstructive sleep apnea, and weight gain. Dexilant, Gaviscon, Citrucel, Probiotic, Metamucil, Donnatal, and AndroGel were apparently renewed.On June 6, 2014, the applicant's psychiatrist noted that the applicant was struggling from a psychological point of view. The applicant had a Global Assessment of Functioning (GAF) 59 owing to ongoing depressive symptoms, it was stated.In a handwritten note dated July 24, 2014, the applicant's complete medication list was not prescribed. The applicant was given refills of Norco and Prilosec while topical compounded medications were discontinued. 7/10 pain was noted. There was no mention of sexual dysfunction and/or the need for Levitra on this occasion. The note was sparse, handwritten, difficult to follow, not entirely

legible, however.On August 5th and August 6, 2014, the applicant's treating provider reviewed quantitative urine drug test results.In an April 5, 2013 progress note, the applicant was given diagnoses of Gastroesophageal reflux disease, irritable bowel syndrome, hypertension, sleep disorder, and umbilical hernia status post umbilical hernia repair surgery. The applicant's medication list reportedly included AppTrim, ranitidine, Gaviscon, Citrucel, Protonix, AndroGel, Donnatal, Ambien, Metamucil, and Levitra, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levitra 10mg, QTY: 20: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urologic Association (AUA), Guideline on the Management of Erectile Dysfunction.

Decision rationale: The MTUS does not address the topic. While the American Urologic Association (AUA) does acknowledge that 5 phosphodiesterase inhibitors such as Levitra do represent a first-line treatment for erectile dysfunction, the AUA goes on to qualify its recommendation by noting that applicants using 5 phosphodiesterase inhibitor therapy should be periodically followed up upon to establish the presence or absence of efficacy, side effects, and/or any significant changes in health status. In this case, the applicant's treating providers only infrequently alluded to the need for Levitra. Several of the applicant's treatment providers have not even mentioned Levitra on recent progress notes. While earlier progress notes, including a note dated April 5, 2013 did suggest that the applicant was using Levitra on an as-needed basis at that point in time, there was no discussion of whether or not Levitra was proving effective or not at that point in time. The attending provider, furthermore, did not explicitly state on that date that the applicant was having symptoms of erectile dysfunction, nor was erectile dysfunction explicitly listed as one of the operating diagnoses on that date or on other dates. Therefore, the request is not medically necessary.