

Notice of Independent Review Decision

IRO REVIEWER REPORT

DATE OF REVIEW: 11/04/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Purchase of Viagra 100mg from 01/31/07 to 12/05/09

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

The TMF physician reviewer is a board certified urologist with an unrestricted license to practice in the state of Texas. The physician is in active practice and is familiar with the treatment or proposed treatment.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

It is determined that the purchase of Viagra 100mg from 01/31/07 to 12/05/09 was medically necessary to treat this patient's condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Information for requesting a review by an IRO – 10/14/10
- Letter from the Office of Injured Employee Counsel – 02/12/10

- Letter to Office of Injured Employee Counsel – 03/08/10
- Letter to Worker’s Comp Commission – 04/05/10
- Report of required medical examination by Dr. – 05/04/06, 10/30/08
- Decision letter – 10/19/09, 08/25/10
- Order No. 1 Dismissing Case by Administrative Law Judge – 08/23/10
- Worker’s Comp Medical Fee Dispute Resolution Findings and Decision – 06/06/10
- Response note to Office of Injured Employee Counsel by Dr. – 12/10/09
- Letter to Workers’ Comp – 04/06/10
- WORK COMP chart notes by Dr. – 07/21/05 to 06/05/08
- Follow up examination by Dr. – 02/16/10 to 09/03/10
- Results of Rigiscan Monitoring – 11/11/09
- Letter to patient – 11/14/06
- Required medical evaluation by Dr. – 10/26/06
- Letter from Dr. to – 09/28/06
- Letter to Dr. – 09/13/06
- Referral to Dr. by Dr. – 06/17/05
- Office visit notes b Dr. – 06/17/05
- Follow-up visit notes with urinalysis by an unidentified physician – 06/09/03 to 09/10/04

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained a work related injury on xx/xx/xx when he was lifting a couch and it fell on him causing injury to his back. He underwent surgery including a posterior lateral interbody fusion at L4-5 and L5-S1. The patient also developed urethral meatal stenosis requiring surgery. He subsequently developed stress urinary incontinence as well as erectile dysfunction for which he was prescribed Detrol and Viagra. The information presented for review indicates that the carrier refused to pay for the Viagra and the patient incurred out of pocket expenses for the Viagra prescription from 01/31/07 to 12/05/09.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The medical record documentation indicates that this patient has been diagnosed with erectile dysfunction. If the treatment with Viagra works and improves the patient’s quality of life, then it is considered to be medically necessary to treat his diagnosed condition.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR
OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)