

<b>Case Number:</b>	CM13-0054657		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/10/2011
<b>Decision Date:</b>	08/08/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 58 year old male with date of injury 5/8/2011. The mechanism of injury is not stated in the available medical records. The patient has complained of lower back pain, leg pain, neck pain and arm weakness since the date of injury. He has been treated with cervical spine epidural corticosteroid injections, physical therapy and medications. There are no radiographic reports submitted for review. Objective: cervical spine decreased range of motion, biceps weakness bilaterally, lumbar spine paraspinous musculature tender to palpation bilaterally, positive straight leg raise. Diagnoses: cervical spine radiculitis, thoracolumbar strain. Treatment plan and request: Viagra, Xodol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viagra 100mg #90:** 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 Other Medical Treatment Guideline or Medical Evidence: [www.UpToDate.com](http://www.UpToDate.com).

**Decision rationale:** The patient has complained of lower back pain, leg pain, neck pain and arm weakness since date of injury 5/10/2011. He has been treated with cervical spine epidural corticosteroid injections, physical therapy and medications. The current request is for Viagra. Per the guideline cited above, Viagra is approved for the treatment of erectile dysfunction. There is no documentation provided in the available medical reports listing erectile dysfunction as a diagnosis in this patient nor is there documentation of symptoms suggestive of erectile dysfunction. On the basis of this lack of documentation, Viagra is not indicated as medically necessary in this patient.

**Xodol 10/300mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, pages 76-85, 88-89 Page(s): 76-85, 88-89.

**Decision rationale:** The patient has complained of lower back pain, leg pain, neck pain and arm weakness since date of injury 5/10/2011. He has been treated with cervical spine epidural corticosteroid injections, physical therapy and medications to include Xodol since at least 07/2013. The current request is for Xodol. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Xodol is not indicated as medically necessary.