

<b>Case Number:</b>	CM13-0059587		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/11/2006
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 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 patient is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 11, 2006. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; a lumbar fusion surgery; and long-acting opioid therapy. In a utilization review report of November 15, 2013, the claims administrator denied a request for Viagra, stating that the attending provider has not furnished adequate information on the presence or absence of erectile dysfunction and/or the relationship to the original industrial injury. Thus, it appears that the denial was based, in part, on causation grounds. The patient's attorney subsequently appealed. The patient was described as using Viagra in an earlier note of October 19, 2012 along with Cymbalta, Ambien, Lidoderm, Kadian, Percocet, and Zanaflex. The patient was permanent and stationary as of that point in time. Erectile dysfunction was not listed as a diagnosis on that occasion. In an earlier note of May 31, 2013, the attending provider referenced an agreed-medical reevaluation of July 13, 2010, in Final Determination Letter for IMR Case Number CM13-0059587 3 which the patient had apparently been given diagnosis of derivative issues including psychiatric problems such as depression and anxiety. Viagra was again on the medication list at that point in time. The patient was not working with permanent limitations in place. In a subsequent note of June 28, 2013, the attending provider did allude to an earlier psychiatric agreed-medical evaluation of February 26, 2011, in which the patient was given a variety of diagnoses, including male erectile dysfunction. In a June 25, 2013 psychological evaluation, the patient is described as apparently using Viagra for sexual dysfunction, which the patient acknowledges is incompletely effective.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Viagra 50mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMERICAN UROLOGIC ASSOCIATION (AUA), ERECTILE DYSFUNCTION GUIDELINE

**Decision rationale:** The MTUS Guidelines do not address the topic. As noted by the American Urologic Association, 5 phosphodiesterase inhibitors, such as Viagra are considered a first-line treatment for erectile dysfunction. In this case, the evidence on file, while incomplete, does establish the presence of ongoing issues with erectile dysfunction which have apparently responded in part to ongoing usage of Viagra. Continuing the same, then, is indicated. Accordingly, the original utilization review decision is overturned. The request is deemed medically necessary, on independent medical review.