

<b>Case Number:</b>	CM13-0063576		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	07/09/2007
<b>Decision Date:</b>	03/24/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation has a subspecialty in Interventional Spine 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 physician 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:

This patient was injured on 7/9/07. On 11/18/13, [REDACTED] (internal medicine/pain management) states the patient has severe neck and back pain, 10/10 without medications and 8/10 with medications. The diagnoses include: gastropathy secondary to anti-inflammatory medications; dysphagia for solids plus fatty liver; H.pylori, s/p treatment. The treatment plan was for UDT, ENT evaluation for hearing loss, Ultram bid, prn and omeprazole. The 11/18/13 RFA includes a request for Viagra.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultram 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9, 93-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8-9, 93-94.

**Decision rationale:** The patient presents with severe neck and back pain as well as liver and GI problems. Ultram was reported to decrease his pain form 10/10 to 8/10. MTUS states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by

the patient's decreased pain, increased level of function, or improved quality of life." The patient appears to be having a satisfactory response to Ultram. MTUS does not require discontinuing of medications, or weaning if the medications are providing a satisfactory response.

**Viagra 10mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/viagra.html>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Boxed label/FDA indication VIAGRA®<sup>®</sup>, an oral therapy for erectile dysfunction, is the citrate salt of sildenafil, a selective inhibitor of cyclic guanosine monophosphate (cGMP)-specific phosphodiesterase type 5 (PDE5)

**Decision rationale:** The patient presents with neck and low back pain. The diagnoses include gastropathy, dysphagia and history of H.pylori treatment. The boxed label indication for Viagra is erectile dysfunction. The 9/9/13 and 11/18/13 reports do not mention ED or use of Viagra, and do not have a diagnosis or subjective complaints of ED. Based on the medical reports provided for the Independent Medical Review (IMR); the use of Viagra is not in accordance with the boxed label indications.