

<b>Case Number:</b>	CM13-0070946		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	02/20/2010
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	12/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and Spinal Cord Medicine 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 claimant is a 49 year-old male with a history of a work injury occurring while working in a restaurant. He had pain beginning in 2005 with progressive bilateral elbow and wrist pain, neck pain, headaches, left greater than right low back pain, and has been diagnosed with carpal tunnel syndrome. His actual date of injury is 02/10/10. He was seen by the requesting provider on 11/21/13 with low back pain. He was having difficulty sleeping. There had been no new injury. He was requesting a trial of Viagra with the discussion referencing sexual dysfunction due to his chronic pain treatment. Physical examination findings included decreased cervical spine range of motion with paraspinal and trapezius muscle tenderness. There was decreased and painful lumbar spine range of motion. There was bilateral elbows tenderness and decreased left wrist range of motion. There was decreased right upper extremity sensation. Drug screening test results were reviewed. Norco 10/325 mg #90 was continued. Viagra 100 mg #5, Colace 100 mg #60, Senokot #60, Pristiq 50 mg #30, Lyrica 150 mg #90, and trazodone 50 mg #30 were prescribed. He was continued at total temporary disability. On 12/05/13 he was having ongoing left elbow pain and authorization for further surgery was pending. Physical examination findings included lateral epicondyle and radial tunnel tenderness and pain with wrist range of motion. Recommendations included continued stretching. He was seen on 12/07/13 for an AME. He had significant mood issues including depression and anxiety, difficulty sleeping, and sexual dysfunction. His prior treatments had included bilateral carpal tunnel releases in 2010 and bilateral lateral epicondylar releases in October 2011. He had no significant medial problems and was described as previously very healthy. The assessment references the claimant as being very affected sexually with no libido and difficulty having an erection. Diagnoses were pain and dysthymic disorder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**VIAGRA 100MG #5:** 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 Assessment Approaches, Page(s): 6.

**Decision rationale:** The claimant is being treated for a work injury with symptoms beginning nearly 10 years ago. He continues to be treated for chronic pain with medications including Norco and trazodone, both of which are known to cause sexual dysfunction in men. He also has dysthymic disorder, which is a mild chronic form of depression. Sexual dysfunction due to decreased libido may be 'primary' and due to psychologic causes, or secondary which would include hormonal deficiency, diabetes, atherosclerosis, hypertension, peripheral vascular disease, and pharmacologically-induced effects. In this case, no other anatomic lesion or medical condition has been identified that would explain his symptoms. The prescribing of Viagra appears to be on an empiric basis. If the claimant has depression as the cause of his erectile dysfunction, then treatment of underlying depression would be the expected management. Therefore the prescribing of Viagra was not medically necessary.