

<b>Case Number:</b>	CM14-0006176		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	04/26/1999
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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, 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 underlying date of injury in this case is 04/26/1999. This patient's treating diagnoses include a history of an L2 compression fracture as well as open reduction and internal fixation of the left hip and right knee pain. The primary treating physician office notes of 03/19/2013 and 07/09/2013 report Viagra 100mg PRN (as needed). among the patient's medications. No specific discussion is present regarding the underlying diagnosis supporting this prescription. However, on 12/23/2013, the treating provider prescribed Viagra and stated that the patient has developed erectile dysfunction due to chronic opioid use. This office visit note and several others in the medical record indicate that the patient feels overall he is receiving functional benefit from opioids to balance the side effects.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **ONE (1) PRESCRIPTION OF VIAGRA 100MG #12 WITH 3 REFILLS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Quaseem, A. Snow V., Denberg, T. D., Casey, D. E. Jr., Forclea M. A., Owens, D. K., Shekelle, P. Clinical Efficacy Assessment Subcommittee of the American College of Physicians. Hormonal testing and pharmacologic treatment of erectile dysfunction: a clinical practice guideline from the American College of Physicians. Annals of Internal Medicine, 2009, Nov 3: 151(9): 639:49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, discusses the four A's of opioid management, including documentation of pain relief, functional status, appropriate medication use, and side effects. A prior physician review stated that the medical records did not document organic comorbidities or another etiology to support any cause of erectile dysfunction. However, the records do discuss that this patient has erectile dysfunction specifically as a side effect of opioid medications. These medical records additionally discuss the four A's of opioid management in detail including discussions with the patient regarding risks versus benefit. The medical record documents that the patient has advised the physician that the benefits of opioids overall outweigh the side effects experienced. In this situation, the medical records and the guidelines do support the request for Viagra. This request is medically necessary.