

<b>Case Number:</b>	CM14-0018726		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	01/04/2007
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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, has a subspecialty in Sports Medicine and is licensed to practice in New York and Texas. 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 injured worker is a 42-year-old male who reported an injury on 01/04/2007. The mechanism of injury was not provided for review. The injured worker's treatment history included multiple medications, consideration for surgery, and psychological support. The injured worker was evaluated on 12/25/2013 by a treating psychologist that documented the injured worker had decreased sexual desire secondary to depression. The injured worker was evaluated on 11/11/2013. Physical findings included tenderness to palpation of the lumbar paraspinal musculature with restricted range of motion secondary to pain and a positive straight leg raising test bilaterally and decreased sensation in the L5-S1 distribution. Physical findings of the right knee included tenderness to palpation of the medial and lateral joint lines with restricted range of motion and crepitus. The injured worker's diagnoses included musculoligamentous strain of the lumbar spine, internal derangement of the right knee, osteoarthritis of the right knee, status post abdominoplasty, and herniated disc disease. The injured worker's treatment plan included total knee replacement on 12/05/2013 of the right knee, and medication refills. A request was made for Viagra 25 mg; however, no justification for the request was provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF VIAGRA 25MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:Erectile Dysfunction Guideline Update Panel. The Management of Erectile Dysfunction: Update. Baltimore MD): American Urological Association Education and Research, INC.; 2005, page 78.

**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:<http://www.rxlist.com/viagra-drug/indications-dosage.htm>.

**Decision rationale:** The requested prescription of Viagra 25 mg is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the injured worker complains of a lack of sexual desire; however, an online resource, RXlist.com, documents that this medication is for erectile dysfunction. The clinical documentation does not provide any evidence that the injured worker has physical findings of erectile dysfunction or is diagnosed with this disease process. Therefore, the need for this medication is not clearly identified within the submitted documentation. Additionally, the request as it is submitted does not provide a frequency of treatment. In the absence of this information. The appropriateness of the request cannot be determined. As such, the prescription of Viagra 25 mg is not medically necessary or appropriate.