

<b>Case Number:</b>	CM14-0122135		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/07/2010
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Family Practice 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:

52 yr. old male claimant sustained a work injury on 7/7/10 involving the back. He was diagnosed with lumbar disc disease and underwent a lumbar laminectomy. He subsequently developed post-laminectomy syndrome and had a spinal cord stimulator placement. His other treatment regimens have included opioids for pain management, physical therapy, NSAIDs and use of muscle relaxants. A progress note on 6/19/14 indicated the claimant had back pain, which results in sexual dysfunction. He was placed on Viagra for sexual dysfunction.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viagra 50 mg #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Literature published by the drug manufacturer, Pfizer (August 2003).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, Testosterone Page(s): 110.

**Decision rationale:** According to the MTUS guidelines, chronic opioid use can lead to low testosterone levels and potentially a decline in libido and erectile dysfunction. Testosterone replacement may be appropriate in those with hypogonadism. In this case, there is no indication

of tested low testosterone. There is no mention of erectile dysfunction. The term sexual dysfunction as described in the chart is broad and vague. The use of Viagra is for erectile dysfunction. The claimant has not been diagnosed with this disorder as it relates to the injury or use of medications. Viagra, therefore, is not medically necessary.