

<b>Case Number:</b>	CM14-0127539		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	01/04/2007
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in 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 regarding his low back. The qualified medical evaluation dated 09/10/09 indicates the injured worker stated the initial injury occurred on 01/04/07 when he slipped while getting out of a tow truck. The injured worker stated he fell backwards, hit his head, and subsequently complained of cervical and low back as well as left knee pain. There is an indication the injured worker had a medial meniscal tear as a result of the fall. The injured worker had undergone Meniscectomies on 05/10/07. The injured worker described a sharp and dull pain in the low back. Radiating pain was identified into the posterior aspect of the left thigh. The note indicates the injured worker utilizing Naprosyn and Vicodin for ongoing pain relief. The discharge summary dated 12/11/13 indicates the injured worker having been diagnosed with osteoarthritis at both knees. The injured worker had previously undergone a right total knee arthroplasty. The injured worker continued with significant left knee pain with a failure to respond to conservative treatments. The injured worker stated that he had been tolerating physical therapy well and pain was under control. The clinical note dated 03/03/14 indicates the injured worker continuing with right knee pain. The injured worker also reported an intermittent aching sensation at the medial aspect. The injured worker reported difficulty with prolonged standing and walking. The note indicates the injured worker continuing with the use of Norco for pain relief. The psychological assessment dated 05/12/14 indicates the injured worker having been diagnosed with a hypoactive sexual desire. The utilization review dated 05/20/14 resulted in a denial for the use of Viagra as no information had been submitted regarding any clinical indicators for the use of this medication. Additionally, no medical workup had been provided in the submitted documentation confirming the likely benefit of the use of Viagra.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **VIAGRA 100MG #15:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Announces Revisions to Labels for Cialis, Levitra and Viagra". United States Food and Drug Administration. 18 October 2007. Archived from the original on 11 July 2007. Retrieved 10 February 2009.2.)David Y. Kim, Ronald H. Silverman, Robison Vernon Paul Chan, Aziz A. Khanifar, Mark Rondeau, Harriet Lloyd, Peter Schlegel and Donald Jackson Coleman. Measurement of choroidal perfusion and thickness following systemic sildenafil (Viagra®). Acta Ophthalmologica. Volume 91, Issue 2, pages 183-188, March 2013.

**Decision rationale:** The documentation indicates the injured worker having complaints of knee and low back pain. The use of Viagra is indicated for injured workers who have been diagnosed with erectile dysfunction. No information was submitted regarding the injured worker's confirmation of erectile dysfunction. Additionally, no lab studies were submitted confirming the likely benefit and appropriateness of the use of this medication. Given these factors, this request for Viagra 100mg #15 is not medically necessary.