

Case Number:	CM14-0151141		
Date Assigned:	09/19/2014	Date of Injury:	02/01/2007
Decision Date:	10/29/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/16/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 injured worker is a 34-year old female who sustained injuries to her neck and low back on 09/03/10 when she slipped on a drain cover, twisted to the left and managed to catch herself with her left arm preventing herself from falling. MRI of the cervical spine dated 12/21/13 was unremarkable. Treatment to date has included management with medications, physical therapy, acupuncture, chiropractic treatment, and a home exercise program. The clinical note dated 02/26/14 reported that the injured worker continued to complain of neck pain radiating from the neck down the left arm and low back pain radiating to the left leg at 4-8/10 VAS. Physical examination of the lumbar spine noted range of motion restricted with flexion 70 degrees, extension 20 degrees; palpation of the paravertebral muscles noted hypertonicity, spasms, and trigger points; heel/toe walk normal; positive facet loading on the left side; positive straight leg raise on the left; physical examination of the cervical spine noted range of motion restricted with flexion limited to 30 degrees and extension limited to 35 degrees by pain; right lateral bending limited to 10 degrees, left lateral bending 20 degrees, left lateral rotation 35 degrees, right lateral rotation 25 degrees with pain; tenderness noted at the paracervical musculature and trapezius; Spurling's maneuver caused pain in the muscles of the neck but no radicular symptoms. The injured worker was recommended for 12 physical therapy visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication: Viagra 50 mg 1 Tab P.O. 1 hour PRN before sexual activity #30 No refills, body part; lumbar: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Patricia A. Cioe, Peter D. Friedmann, and Michael D. Stein. Erectile Dysfunction in Opioid Users: Lack of Association with Serum Testosterone. J Addict Dis. 2010 October, 29 (4); 455-460

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG guidelines, Sexual function Chapter and the Aetna Clinical Policy Bulletin: Erectile Dysfunction Policy Number:0007

Decision rationale: The Official Disability Guidelines state that etiology of decreased sexual function is multifactorial including chronic pain itself, decreased testosterone that occurs with aging; as a side effect from other medications used to treat pain; and due to comorbid conditions such as diabetes, HTN and vascular disease. Under Sexual function, ODG states "trials of testosterone replacement in patients with documented low testosterone levels have shown a moderate non-significant and inconsistent effect of testosterone on erectile function, a large effect on libido, and no significant effect on overall sexual satisfaction." The use of Viagra is not mentioned in ODG. However, the Aetna guideline under erectile dysfunction considers Viagra lifestyle enhancement or performance and excludes it under pharmacy benefit. In this case, the physician is addressing the patient's urinary incontinence coupled with ejaculation issues with Viagra. In order for Viagra to be indicated, erectile dysfunction has to be thoroughly worked-up and hypogonadism/low testosterone level as well as co-morbid condition has to be considered or treated. Viagra is also considered a lifestyle/performance enhancer and is not indicated for the patient's symptoms. Therefore, the request is not medically necessary.