MAXIMUS Federal Services

| Case Number: | CM14-0153253 | | |
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| Date Assigned: | 09/23/2014 | Date of Injury: | 04/01/2010 |
| Decision Date: | 10/27/2014 | UR Denial Date: | 09/03/2014 |
| Priority: | Standard | Application Received: | 09/19/2014 |

## 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 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:

This patient is a 42 year old male with an injury date of 4/01/10. Based on the 8/18/14 progress report by [redacted] this patient complains of "constant aches, soreness, tightness especially in the right shoulder blade" with "sharp shooting pain from shoulder to arm." This patient also complains of limited motion, unable to reach and unable to perform overhead work." This patient complains of "erectile dysfunction. Objective findings for this patient's right shoulder are: "WHSS as priori, TTP wi/spasm @ ACJ, SST, SA, pec, trap, periscap, decreased AROM unable to perform ROM due to pain, positive Wright, positive imp." Work status as of 8/18/14: "Temporarily Totally Disabled for 4-6 weeks." Diagnoses for this patient are: "1. S/P R shoulder scope (9/2/13 [redacted]) ant-sup. Labral 2. Synovitis/ant-sup caps & chondroplasty of genoid 3. Recurrent labral tear & SST part-full thick SST 4. Acromion w/ACJ OA." The utilization review being challenged is dated 9/03/14. The request is for Viagra 1 PO 1HR prior to activity #10. The requesting provider is [redacted] and he has provided one progress report dated 8/18/14.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Viagra 1 po 1HR prior to activity #10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Erectile Dysfunction Number:0007 Policy

**Decision rationale:** According to the 8/18/14 report by [redacted], this patient presents with right shoulder aches and pains since his 4/01/10 date of injury. This patient also complains of erectile dysfunction. The physician requests Viagra 1 PO 1HR prior to activity, #10. While MTUS and ACOEM are silent on the topic of erectile dysfunction, the ODG guidelines states that etiology of decreased sexual function is multifactorial including chronic pain itself, decreased testosterone that occurs with aging; as a side effects from other medications used to treat pain; and due to comorbid conditions such as diabetes, HTN and vascular disease. Under Sexual function, ODG also 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 referenced by ODG; however, AETNA guideline considers the diagnosis and treatment of erectile dysfunction (impotence) medically necessary according to two criteria: a comprehensive and diagnostic workup, in conjunction with multiple laboratory tests. The 8/18/14 progress report shows the physician checked the box for "negative" under genitourinary systems, indicating "not positive" for sexual dysfunction. Additionally, there is no documentation of a workup or laboratory tests for this patient as required by AETNA to diagnose and treat erectile dysfunction. Furthermore, given that Aetna pharmacy benefit plans exclude coverage of drugs for lifestyle enhancement or performance drug, which Viagra is categorized under, therefore the request is not medically necessary.