

<b>Case Number:</b>	CM14-0020188		
<b>Date Assigned:</b>	04/25/2014	<b>Date of Injury:</b>	03/15/2013
<b>Decision Date:</b>	07/07/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/18/2014

### 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 Pain Management 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 60-year old male who reported an injury on 03/15/2013. The mechanism of injury involved heavy lifting. Current diagnoses included brachial neuritis or radiculitis, lumbar disc displacement without myelopathy, and cervical degeneration. The latest physician progress report submitted for this review is documented on 01/08/2014. The injured worker reported 5/10 pain and activity limitation. The injured worker was status post anterior L5-S1 interbody fusion on 10/01/2013. Previous conservative treatment includes physical therapy and an epidural steroid injection. Physical examination on that date revealed limited lumbar range of motion, negative straight leg raising, normal motor examination, and diminished sensation over the left lower extremity. Treatment recommendations at that time included prescriptions for Neurontin, Norco, and Quazepam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**VIAGRA 50MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed reference: Am Fam Physician.

**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: [www.nlm.nih.gov](http://www.nlm.nih.gov), the U.S. National Library of Medicine, and the U.S. Department of Health and Human Services National Institutes of Health.

**Decision rationale:** Viagra is used to treat erectile dysfunction in men. As per the documentation submitted, the injured worker does not maintain a diagnosis of erectile dysfunction. There is no evidence of this injured worker's active utilization of this medication. Therefore, the medical necessity for the requested medication has not been established. There is also no frequency listed in the current request. Based on the clinical information received, the request is not medically necessary.