

<b>Case Number:</b>	CM14-0030798		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/07/2004
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 7, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier lumbar fusion surgery in 2006; and unspecified amounts of physical therapy, chiropractic manipulative therapy, and acupuncture over the course of the claim. In Utilization Review Report dated February 27, 2014, the claims administrator approved a request for gabapentin, approved a request for Norco, denied a request for Viagra, and denied a request for an oral fluid sample collection for drug screen purposes. No guidelines were cited to deny the oral fluid collection sample for drug screen. The claims administrator stated that this condition was not covered in the MTUS and seemingly based the denial on the fact that the condition was not specifically covered in the MTUS. The applicant's attorney subsequently appealed. In a February 17, 2014 progress note, the applicant was described as having persistent complaints of pain, 7-8/10. The applicant was using medical marijuana, a TENS unit, and hydrochlorothiazide, it was stated. The applicant was also using Viagra, Motrin, and Lopressor, it was further noted. The applicant was given diagnosis of lumbago, neck pain, ventral hernia, and chronic pain syndrome. A spine surgery consultation, Norco, Viagra, and Neurontin were all apparently endorsed. The applicant was placed off of work, on total temporary disability. It was specifically stated that Viagra was a renewal. There was, however, no mention made of any issues with erectile dysfunction on the note in question.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The Prospective Request for 1 prescription of Viagra 100 mg.: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urologic Association (AUA), Management of Erectile Dysfunction Guideline.

**Decision rationale:** The MTUS does not address the topic. While the American Urologic Association does state that oral phosphodiesterase inhibitors such as Viagra do represent the first-line of therapy for erectile dysfunction, in this case, however, the attending provider has not specifically made any mention of the applicant's carrying a diagnosis of erectile dysfunction for which ongoing usage of Viagra would be indicated. It is further noted that this request does represent a renewal request. The American Urologic Association goes on to point out that an attending provider should periodically follow up on the efficacy of 5 phosphodiesterase inhibitor therapy. In this case, however, the attending provider did not specifically discuss the efficacy of ongoing usage of Viagra. The attending provider did not state whether or not ongoing usage of Viagra was, in fact, efficacious or not. Therefore, the request is not medically necessary.

**The Prospective Request for 1 oral fluid sample collection for drug screen: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**Decision rationale:** The MTUS does not address the topic of oral fluid assays for drug testing purposes. As noted in the Third Edition ACOEM Guidelines, however, urine is the bodily fluid most commonly assayed. ACOEM does, however, establish a role for testing of hair in some context. In this case, however, the attending provider has not furnished any compelling applicant-specific rationale, narrative, commentary, and/or associated medical evidence which would support usage of non-standard oral fluid collection for drug testing purposes. Therefore, the request is not medically necessary.