

<b>Case Number:</b>	CM14-0035962		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/26/2007
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 Orthopaedic Surgery, 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 41-year-old male who was reportedly injured on December 26, 2007. The mechanism of injury was noted as a falling type event. Subsequently, there had been chronic low back pain. The most recent progress note, dated February 6, 2014, indicated that there were ongoing complaints of low back pain and sexual dysfunction. The physical examination demonstrated no specific penile pathology. Diagnostic imaging studies revealed degenerative disc disease, disc desiccation, a normal electrodiagnostic assessment and vascular studies noting vascular impotence. Previous treatment included chiropractic care, physical therapy, a lumbar fusion surgery and a spinal cord stimulator for pain. A request had been made for the medication Viagra and was not certified in the pre-authorization process on February 27, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viagra 100mg tabs #9 refills x12:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDCConsult.com, last updated 12/14/2009, Sildenafil.

**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: BJU Int. 2009 February;103(4):506-14.

**Decision rationale:** It was clear that the treatment rendered was not a function of the injury event. However, the Doppler studies clearly indicated a vascular cause for the penile insufficiency, and this was treated with the medication Viagra. Therefore, while not addressing the issue of compensability, there was a clinical indication for the use of this medication to address the ordinary disease of life in this individual. From a medical perspective alone, this medication is necessary.