

<b>Case Number:</b>	CM14-0044621		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/05/2001
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	03/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/11/2014

### 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 Internal Medicine, Pulmonary Diseases 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 51-year-old male who reported injury on 12/05/2001. The documentation indicated the injured worker had been utilizing Viagra since at least 2012. The mechanism of injury was not provided. The prior treatments included medication management, bilateral leg amputations, L3-4 laminotomies, facetectomies and bilateral above the knee amputations with necrosis as well as chronic right ischial tuberosity ulcer. The documentation of 02/27/2014 revealed the injured worker had a bilateral above the knee amputation. The injured worker needed help from a home health aide for everyday tasks. The documentation indicated that the injured worker was utilizing Viagra 100 mg for sexual dysfunction. The diagnoses included chronic low back pain with bilateral lower extremity pain, bilateral lower residual pain from bilateral extremity phantom pain status post L3-4 laminotomies, facetectomies, bilateral above knee amputation with no necrosis and chronic right ischial tuberosity ulcer. The treatment plan indicated the injured worker would need a home health aide to help him with daily tasks. The documentation indicated the injured worker was wheelchair bound and needed help with daily activities and that the physician would like to appeal a denial for Viagra. It was noted the medications treat the injured worker's symptoms and allow him to be functional.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viagra 100mg #30 with 1 refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Quaseem A, Snow V, Denberg TD, Casey DE Jr, Forcica MA, Owens DK, Shekelle P, Clinical Efficacy Assessment Subcommittee of the American College of Physicians. Hormonal testing and pharmacologic treatment of erectile dysfunction: a clinical practice guideline from the American College of Physicians. Ann Intern Med. 2009 Nov 3; 151 (9): 639-49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

**Decision rationale:** The California MTUS Guidelines indicate that testosterone replacement for hypogonadism is recommended in limited circumstances for injured workers taking high dose long term opioids with documented low testosterone levels. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2012. There was a lack of documentation of efficacy for the requested medication. There was a lack of documentation indicating the injured worker had a decreased level of testosterone to support the necessity for a medication for erectile dysfunction. Additionally, the request as submitted failed to indicate the frequency for the requested medication. Additionally, the clinical documentation submitted for review failed to provide documentation of a necessity for 1 refill without re-evaluation. Given the above, the request for Viagra 100 mg #30 is not medically necessary.