

<b>Case Number:</b>	CM14-0057037		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/16/2007
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Anesthesiology, and has a subspecialty in Pain 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 injured worker is a 45 year old male injured on 04/16/07 due to undisclosed mechanism of injury. Current diagnoses included failed back syndrome of the lumbar spine, intervertebral lumbar disc disorder with myelopathy, radiculopathy, instability of the sacroiliac joint, and sacroiliitis. Clinical note dated 03/07/14 indicated the injured worker presented complaining of low back rated 8/10 and difficulty falling asleep and remaining asleep due to pain. The injured worker reported with opioid medication sitting, standing, walking, and household tolerance was improved by 30%. Physical examination of the lumbar spine revealed tenderness in the left sacroiliac joint, Faber test, stork test positive on the left, range of motion lumbar spine restricted, straight leg raise negative bilaterally, sensation diminished in L1, L5, and S1 distribution, motor strength diminished in the left extensor hallucis longus (EHL) and left ankle dorsiflexors and Babinski downgoing. The injured worker had dorsal column stimulator implanted for improved pain control and function. Current medications included Dilaudid 4mg four times daily, hydrocodone 10-325mg three times daily, MS Contin 100mg twice daily, Tizanidine 4mg two tablets three times daily, ibuprofen 800mg three times daily. The initial request for Viagra 100mg one tab as directed as needed for 28 days; #7 with one refill was non-certified on 04/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viagra 100tab 1 tab as directed PRN for 28 days; #7 with 1 refill: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation  
[Http://www.ncbi.nlm.nih.gov/pubmed/11186707](http://www.ncbi.nlm.nih.gov/pubmed/11186707).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

**Decision rationale:** As noted on page 110 of the Chronic Pain Medical Treatment Guidelines, several factors can be attributed to sexual dysfunction to include the role of chronic pain itself on sexual function; the natural occurrence of decreased testosterone that occurs with aging; the documented side effect of decreased sexual function that is common with other medications used to treat pain (SSRIs, tricyclic antidepressants, and certain anti-epilepsy drugs); and the role of comorbid conditions such as diabetes, hypertension, and vascular disease in erectile dysfunction. There is little information in peer-reviewed literature as to how to treat opioid induced androgen deficiency. The clinical documentation provided no discussion regarding the necessity or use of Viagra. Additionally, there were no formal urological evaluations performed to establish the presence or cause of erectile dysfunction. As such, the request for Viagra 100tab 1 tab as directed PRN for 28 days; #7 with 1 refill cannot be recommended, therefore the request is not medically necessary.