

Case Number:	CM14-0078181		
Date Assigned:	07/25/2014	Date of Injury:	04/16/2002
Decision Date:	12/15/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/28/2014

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 Family Medicine and is licensed to practice in North Carolina. 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 claimant had a date of injury of 4/16/2002. He has chronic low back pain status post L4-S1 spinal fusion in 2003 and removal of hardware in 2003. He is currently treated with Norco. He has reported problems with erectile dysfunction and has been referred to a urologist. The request is for Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra (dosage and quantity unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDConsult.com

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 110-111.

Decision rationale: CA MTUS recognizes that hypogonadism has been noted in patients taking intrathecal or high dose opioid therapy long term. However, testing of testosterone levels is not recommended as a routine measure in patients taking opioids and is to be considered in cases where there is documentation of objective physical findings of hypogonadism, such as gynecomastia. Etiology of decreased sexual function, a symptom of hypogonadism, is confounded by several factors including the following:(1) The role of chronic pain itself on

sexual function; (2) The natural occurrence of decreased testosterone that occurs with aging; (3) 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); & (4) The role of comorbid conditions such as diabetes, hypertension, and vascular disease in erectile dysfunction. In this case, there are no documented objective findings of hypogonadism, no assessment of any association of the reported erectile dysfunction with his lumbar surgery and no clear connection of the reported erectile dysfunction with chronic opioid use. No medical records of any assessment of erectile dysfunction are included in the medical records. Viagra 100 mg # 5 is not medically indicated.