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| <b>Case Number:</b>   | CM14-0086071 |                              |            |
| <b>Date Assigned:</b> | 09/10/2014   | <b>Date of Injury:</b>       | 05/02/2011 |
| <b>Decision Date:</b> | 10/10/2014   | <b>UR Denial Date:</b>       | 05/08/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/09/2014 |

### 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:

Injured worker is a male with date of injury May 2, 2011. Per primary treating physician's interim report dated April 10, 2014, the injured worker complains of bilateral shoulder pain and bilateral hand pain and numbness. On examination of the bilateral shoulders, range of motion in forward flexion was from 0 to 170 degrees, external rotation was from 0 to 40 degrees, and internal rotation was to T12. Hawkins sign was positive for impingement with weakness with abduction testing. Bilateral hand exam revealed positive Tinel sign form carpal tunnel syndrome. Diagnoses include 1) bilateral carpal tunnel syndrome 2) right shoulder impingement syndrome, partial tear of the rotator cuff 3) left shoulder impingement syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ten tablets of Viagra, 100 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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: Viagra information, accessed at [www.drugs.com](http://www.drugs.com)

**Decision rationale:** The MTUS Guidelines do not address the use of Viagra. Viagra is used to treat erectile dysfunction in men. Viagra relaxes muscles and increases blood flow to particular areas of the body. The medical documentation provided for review does not explain the request for Viagra to establish medical necessity. The request for Ten tablets of Viagra 100 mg is not medically necessary or appropriate.