

<b>Case Number:</b>	CM13-0030038		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	10/15/2009
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	09/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Family Practice

### 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 sustained an industrial injury on 10/15/2009. The injured worker is status post L5-S1 hemilaminotomy on 2/9/11 and status post L5-S1 fusion on 6/21/2011. He has reported radiating low back pain with sexual dysfunction. The diagnoses have included lumbar radiculopathy, cauda equina syndrome, post lumbar laminectomy syndrome, and mood disorder and depression. Treatment to date has included surgery with post-operative physical therapy and medication management. The medical records indicate that the patient is on multiple medications including Zanaflex 4 mg #60, Hydromorphone 2 mg #90, Trazadone 50 mg #60 and Gabapentin 800 mg #120. The patient is also being prescribed a benzodiazepine and medications for diabetes and hypercholesterolemia. He was seen on 8/16/13 at which time he complained of low back pain with radiation. According to an agreed medical evaluator's report dated 5/1/12, the patient expresses sexual dysfunction which may be related to cauda equina syndrome or possibly related to medications or a myriad of other factors. On 9/17/2013 Utilization Review non-certified the request for urgent Staxyn 10mg, 1 dissolvable tablet daily, as needed, for sexual dysfunction, #6. The Utilization Review has not been submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Staxyn 10mg take one daily as needed for sexual dysfunction, dissolve on tongue #6:**  
Overturned

**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/23987060>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation  
<http://www.nlm.nih.gov/medlineplus/druginfo/meds/a603035.html>

**Decision rationale:** According to the National Institute of Health.gov, Staxyn ( Vardenafil) is used to treat erectile dysfunction (impotence; inability to get or keep an erection) in men. Vardenafil is in a class of medications called phosphodiesterase (PDE) inhibitors. The medical records indicate that the injured worker has erectile dysfunction which may be related to cauda equina syndrome. The injured worker is also being prescribed multiple medications which can be related to his erectile dysfunction. The request for Staxyn 10mg take one daily as needed for sexual dysfunction, dissolve on tongue #6 is medically necessary.