

Case Number:	CM14-0192961		
Date Assigned:	11/26/2014	Date of Injury:	07/23/2012
Decision Date:	01/13/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/18/2014

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 Practice 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 57 year old male claimant sustained a work injury on 7/23/12 involving the low back and pelvis. He was diagnosed with a left iliac wing fracture, acetabular fracture and sciatica. An EMG in March 2013 showed L5/S1 radiculopathy. He had been on opioids for pain control. On a August 25, 2014 visit, he was having difficulty with sexual function. He had been using Viagra in the past and this prescription had been provided for the past few months. A progress note on 9/22/14 indicated the claimant had continued low back pain. Review of systems mentioned urinary hesitancy. Exam findings did not note any sexual dysfunction. The claimant was continued on Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100 mg 1/2-1 daily 15 minutes prior to sexual activity #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, testosterone Page(s): 110.

Decision rationale: According to the MTUS guidelines, chronic opioid use can lead to low testosterone levels and potentially a decline in libido and erectile dysfunction. Testosterone

replacement may be appropriate in those with hypogonadism. In this case, there is no indication of a low testosterone. There is no mention of erectile dysfunction. The term sexual dysfunction as described in the chart is broad and vague. The use of Viagra is for erectile dysfunction. The claimant has not been diagnosed with this disorder as it relates to the injury or use of medications. Viagra, therefore, is not medically necessary.