

<b>Case Number:</b>	CM14-0196284		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	02/26/2008
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Colorado. 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 worker is a 50-year-old male who complains of erectile dysfunction following a work related motor vehicle accident leading to injuries of the back, neck, left elbow, and left shoulder in 2008 and subsequently, leading to a discectomy and fusion at the L4-5 level in February 2012. The erectile dysfunction is claimed as attributable to an effect of the lumbar fusion surgery. As of October 20, 2014 subjective symptoms and findings included neck and low back pain, headaches. The worker has radiation of symptoms down his arms and legs. The worker complains of numbness in the abdomen down to the groin region, numbness, decreased sensation and erectile dysfunction, tenderness of the clavicle on the left, tenderness with left shoulder motion, and tenderness to palpation of the lower back with numbness in both legs. The worker was being treated with an H-Wave unit. Medications included Norco, Imitrex, Colace, Celebrex, testosterone ejection, trazodone, Effexor. Additional medications prescribed include Zanaflex, Viagra and naproxen. Diagnoses include chronic low back pain, right greater than left radicular symptoms, degenerative changes of the lumbar spine at L4-5 with a left paracentral disc protrusion, status post discectomy and fusion L4-5 100/16 2012, chronic low back and left hip pain, chronic neck pain, right sided disc protrusion C4-5, disc bulge C3-4 and spondylosis at C6-7, history of bilateral inguinal hernia repair 1990s. Hypogonadism secondary to chronic narcotic use. On June 28, 2014, and agreed upon independent medical examination documents impaired sexual function due to residual pain from hernia operations as well as numbness throughout his groin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viagra 50mg #12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines and ODG

**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: Aetna Clinical Policy Bulletin: Erectile Dysfunction Number: 0007

**Decision rationale:** The available medical records do not document the characteristics or etiology of the worker's reported erectile dysfunction (i.e. organic versus psychological) other than the potential for a side effect of hernia surgery. The records do not document whether comprehensive diagnostic evaluations, testing, or empiric treatments have been completed or attempted. There is no documentation of successful treatment with pharmacologic agents such as Viagra. The erectile dysfunction clinical policy bulletin as cited above provides specific medical necessity criteria for the treatment of erectile dysfunction. Included in these medical necessity criteria are a comprehensive history and physical examination, Doppler and ultrasound evaluation, dynamic infusions, pharmacologic response tests, pudendal arteriography, as well as laboratory tests including biothesiometry, blood glucose, complete blood count, creatinine, hepatic profile, lipid profile, PSA, serum testosterone, thyroid function studies, and urinalysis. Regarding treatment with oral medications, this policy bulletin considers the use of Viagra as potentially medically necessary for lifestyle enhancement or performance following an established etiology consistent with this treatment approach. In this case, there is no established etiology for the workers reported erectile dysfunction. There is no documentation of completion of medically necessary evaluations and tests and therefore, the request for Viagra is not medically necessary or appropriate.