

<b>Case Number:</b>	CM14-0207119		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	01/25/2007
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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 Internal 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:

The injured worker (IW) is a 38-year-olds man with a date of injury of January 25, 2007. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are chronic severe neck pain with bilateral arm pain; cervicogenic headaches due to C2-C3 lesions/transformation to vascular, responsive to triptan; myofascial pain/as him; poor sleep hygiene; opiate dependency with tolerance but efficacy, compliant use; depression is less anxiety secondary to chronic pain; low back pain due to annular fissure at L5; decreased libido, secondary to chronic pain, opiate analgesics; and high opiate tolerance. Pursuant to the progress note dated November 10, 2014, the IW complains of neck pain, left arm pain, low back pain, leg pain, and headaches. Sleep quality is poor due to pain. The provider reports the IW denies nauseas and vomiting due to pain. He also denies diarrhea and constipation. Physical examination reveals numbness to ulnar aspect of his left arm/hand consistent with MRI. Positive crepitus on active range of motion is noted. He is able to reproduce left arm pain to hand on neck rotation and extension for which surgery is indicated. He cannot sit well due to low back pain, consistent with radiculopathy. Current medications include Baclofen 20mg, Celebrex 200mg, Lunesta 3mg, Methadone 10mg, OxyContin 80mg, Oxycodone 30mg, Sancuso patch, Fentanyl 800mcg spray, Viagra, and Zomig 5mg spray. Documentation indicated the IW has been taking current medications, specifically Viagra and Sancuso patch, since at least May of 2014, according to the oldest progress note in the medical record with the same date. The documentation in the medical record does not contain any subjective history or objective clinical findings indicating whether Viagra is providing its desired effect. A review of the medical record indicates a urologist saw the IW in April 2014. A blood testosterone was drawn and resulted at 212. The urologist indicates this is a low level compatible with hypogonadism secondary to chronic opiate use. The urologist attempted treatment but was unsuccessful. The IW was seen for

a follow-up on October 2, 2014. The urologist's plan was to refer the IW to an endocrinologist for further workup and treatment. There was no documentation of any further workup for treatment. The current request is for Viagra 100 mg #10, and Sancuso patch #4.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Viagra 100 mg #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (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: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a699015.html>  
<http://www.auanet.org/common/pdf/education/clinical-guidance/Erectile-Dysfunction.pdf>.

**Decision rationale:** Pursuant to the American Urological Association and Medline plus, Viagra 100 mg #10 is not medically necessary. Sildenafil, Tadalafil and vardenafil have side effects due to peripheral vasodilatation such as facial flushing, nasal congestion, headache and dyspepsia. Viagra is used to treat erectile dysfunction. In this case, the injured worker's working diagnoses are chronic severe neck pain with bilateral arm pain; cervicogenic headaches due to C2 - C3 lesions/transformation to vascular, responsive to Triptans; myofascial pain/as him; poor sleep hygiene; opiate dependency with tolerance but efficacy, compliant use; depressions/anxiety secondary to chronic pain; low back pain due to annular fissure at L5; decreased libido, secondary to chronic pain, opiate analgesics; and high opiate tolerance. The documentation indicates the injured worker has been taking Viagra since May 2014. The documentation in the medical record does not contain any subjective history were objective clinical findings indicating whether Viagra is providing its desired effect. A review of the medical record indicates the injured worker was seen by urology in April 2014. A blood testosterone was drawn and resulted at 212. This is a low level compatible with hypogonadism secondary to chronic opiate use. The urologist attempted treatment but was unsuccessful. The injured worker was seen in follow-up on October 2, 2014. The urologist's plan was to refer the injured worker to an endocrinologist for further workup and treatment. There was no documentation of any further endocrine workup for treatment. As noted above, there was no documentation as to Viagra's effect on the injured worker over the prior six months. Consequently, absent the appropriate clinical documentation support the ongoing Viagra use and recommended endocrinology workup, Viagra 100 mg #10 is not medically necessary.

**Sancuso Patch #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a609015.html>.

**Decision rationale:** The patient has a reported date of injury of 02/12/2007. The patient has the diagnoses of adhesive capsulitis of the shoulder, complete rupture of the rotator cuff, shoulder pain, rotator cuff sprain/strain, lumbar radiculopathy, traumatic arthropathy of the SI joint, chronic pain syndrome and displacement of a lumbar intervertebral disc without myelopathy. Past treatment modalities have included surgical intervention, cortisone injections and epidural lumbar steroid injections. Per the most recent progress notes from the requesting physician dated 11/24/2014, the patient had complaints of continuing shoulder, low back, hip and left leg pain. The physical exam noted tenderness in the lumbar spine, worse over the Si joint on the left, restricted lumbar range of motion, positive left straight leg raise test, positive Patrick's test, decreased sensation over the lateral lower thigh and calves and tenderness in the shoulder to palpation. Treatment plan recommendations included continuation of medications along with home heat/ice/stretching program.