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| <b>Case Number:</b>   | CM14-0098519 |                              |            |
| <b>Date Assigned:</b> | 09/16/2014   | <b>Date of Injury:</b>       | 08/09/1999 |
| <b>Decision Date:</b> | 02/11/2015   | <b>UR Denial Date:</b>       | 06/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 06/26/2014 |

### 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 55-year-old man with a date of injury of August 9, 1999. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical spondylosis without myelopathy; displacement lumbar disc without myelopathy; degenerative cervical into vertebral disc disease; degenerative lumbosacral intervertebral disc disease; brachial neuritis/radiculitis; lumbago; thoracic/lumbar neuritis/radiculitis; unspecified myalgia and myositis; and cervicalgia. Pursuant to the progress note dated April 21, 2014, the IW presents for follow-up reporting he is having increased back pain, neck pain, and bilateral leg pain. Standing and walking causes severe pain. The IW trialed Nucynta, but it was discontinued due to nausea. Due to this reason, he took more Percocet than prescribed. The injured worker's list of medications are OxyContin 30mg, Ambien 10 mg, Percocet 10/325mg, Phentermine, 37.5, Zanaflex 4 mg, Viagra 50 mg, Baclofen 20 mg. There was a section labeled medications tried/failed. The Viagra is listed as not covered. The documentation in the medical record does not reflect the efficacy of Viagra for erectile dysfunction in this IW in the presence of multiple opiate and muscle relaxant use. The IW has a history of diabetes, hypertension, and obesity. Objectively, the IW is using a cane for ambulation. He has an antalgic gait. No new neurological deficits. Exam is unchanged from last visit according to documentation. No other objective physical findings were documented. There were no subjective or objective documentation regarding erectile dysfunction. A report dated October 1 of 2013 indicates the injured worker's erectile dysfunction is due to pain. The treatment plan recommendations include continue medications, and return in 1 to 2 months or as needed. The current request is for Viagra 50mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viagra 50 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pfizer (August 2003) Viagra (sildenafil), Patricia A. Cioe, Peter D. Friedmann and Michael D. Stein, Erectile Dysfunction in Opioid Users: Lack of Association with Serum Testosterone. J Addict Dis. 2010 October; 29 (4): 455-460

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines History and physical Assessment Page(s): 5-6. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2951625/> Erectile Dysfunction in Opioid Users: Lack of Association with Serum Testosterone.

**Decision rationale:** Pursuant to the Journal of Addiction (see attached link) Viagra 50 mg is not medically necessary. This study describes the prevalence of erectile dysfunction among 57 men using illicit opiates who presented to primary care for buprenorphine therapy. Low total testosterone was detected 17% of those reporting ED, total testosterone was not significantly associated with ED. Viagra is used for treatment of erectile dysfunction of either organic or psychogenic causes. In this case, the injured worker's working diagnoses are cervical spondylosis without myelopathy; displacement lumbar disc without myelopathy; degenerative cervical into vertebral disc disease; degenerative lumbosacral intervertebral disc disease; brachial neuritis/radiculitis; lumbago; thoracic/lumbar neuritis/radiculitis; unspecified myalgia and myositis; and cervicgia. The injured worker's list of medications (April 21, 2014- latest progress note) are OxyContin (dose increased), Ambien 10 mg; Percocet 10/320 5Q ID as needed, in place of Norco #120; phentermine 37.5 mg BID (increased from 15 mg); Zanaflex 4 mg; Viagra 50 mg; baclofen 20 mg. There was a section labeled medications tried/failed Viagra is listed as "not covered". Utilization review indicates the treating physician was not available for a peer to peer discussion. A report dated October 1 of 2013 indicates the injured workers erectile dysfunction is due to pain. The injured worker has a history of diabetes, hypertension and obesity. The documentation indicates the injured worker is taking two muscle relaxants. There is no clinical rationale for the use of two muscle relaxes concurrently. The injured worker is taking two opiates. There is no clinical rationale for the use of both OxyContin and Percocet. Additionally, the injured worker is taking phentermine for weight loss. Medication(s) intake needs to be optimized and/or consolidated. The documentation in the medical record does not reflect the efficacy of Viagra for erectile dysfunction in this injured worker in the presence of multiple opiate and muscle relaxant use. Consequently, absent the appropriate clinical documentation to support the use of two muscle relaxants and two opiates all of which are taken without clinical rationale or clinical indication and objective functional improvement with Viagra, Viagra 50 mg is not medically necessary.