

<b>Case Number:</b>	CM15-0143587		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	10/19/2001
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	07/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/24/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 58 year old male who sustained an industrial injury on 10/19/2001 while using an axe to breakup soil. The injured worker was diagnosed with lumbar degenerative disc disease, lumbar disc displacement and post lumbar laminectomy syndrome. The injured worker is status post L4-S1 fusion in 2004 complicated by infection. Treatment to date has included diagnostic testing, surgery, caudal epidural steroid injection (January 2015), sacral epidural steroid injections, spinal cord stimulator (SCS) trial evaluation in 2008, psychological evaluation, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on July 8, 2015, the injured worker continues to experience low back pain. The injured worker rates his pain level at 8 out of 10 with medications and 10 out of 10 without medications. The injured worker reported difficulty sleeping. There was no discussion of sexual dysfunction. Evaluation noted a slow, awkward, global, antalgic gait with cane assistance. Examination demonstrated loss of normal lordosis with restricted range of motion. There was tenderness to palpation of the paravertebral muscles, hypertonicity, spasm and tight muscle bands bilaterally. Straight leg raise was positive at 60 degrees bilaterally in a sitting position. Tenderness was documented over the sacroiliac joint with positive Gaenslen's bilaterally. Motor strength of extensor hallucis longus muscle and ankle dorsi flexors were documented as 4 out of 5. Sensation was intact. Waddell's signs were negative. Current medications are listed as Oxycodone, Gabapentin, Viagra, Effexor XR, Wellbutrin, Rozerem, Celebrex and Nexium. Past urine drug screenings were noted as inconsistent with illicit drugs, over-usage of prescribed medications and a lost prescription. Current urine drug screening in

June 2015 was consistent and negative for illicit drugs and alcohol. Treatment plan consists of taking medications as prescribed and the current request for Viagra.

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

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

#### **Viagra 100mg quantity 4: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/viagra.html>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Assessment Approaches Page(s): 6. Decision based on Non-MTUS Citation Erectile Dysfunction Guideline Update Panel. The management of erectile dysfunction: an update. Baltimore (MD): American Urological Association Education and Research, Inc.; 2005.

**Decision rationale:** The claimant has a remote history of a work injury occurring in October 2001 and continues to be treated for back pain. Medications are referenced as decreasing pain from 10/10 to 8/10. When seen, he was not having any medication side effects and medications were working well. Physical examination findings included a slow antalgic gait with use of a cane. There was decreased lumbar spine range of motion with muscle spasms and tenderness. Straight leg raising was positive. There was sacroiliac tenderness with positive Gaenslen testing. There was decreased lower extremity strength. Treatments have included a multilevel lumbar spine fusion in 2004 and he has a diagnosis of post laminectomy syndrome. Sexual dysfunction occurs for multiple reasons which would include hormonal deficiency, diabetes, atherosclerosis, hypertension, peripheral vascular disease, and pharmacologically-induced effects. In this case, the nature and cause of the claimant's sexual dysfunction is not identified. He is taking opioid and other medications without reported adverse side effects. Prescribing Viagra was not medically necessary.