

<b>Case Number:</b>	CM15-0244312		
<b>Date Assigned:</b>	12/24/2015	<b>Date of Injury:</b>	11/28/2011
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	11/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 40 year old male who sustained an industrial injury on November 28, 2011. Medical records indicated that the injured worker was treated for low back pain. Medical diagnoses include lumbosacral spondylitis with radiculopathy. In the provider notes dated October 2, 2015 the injured worker complained of low back pain and leg pain. His pain worsens with bending and lifting and improves with stretching, applying ice and heat, medications and rest. "He has erectile dysfunction since his injury" and "he has trialed Viagra he indicates that this works sometimes." He complains of balance problems, memory loss, and anxiety and depression. On exam, the documentation stated he has an antalgic gait and uses a cane for ambulation. Lumbar spine strength is decreased and sensation is decreased in the right L5 dermatome. The treatment plan includes medication management. A Request for Authorization was submitted for Trazodone 50mg #16 and Viagra 100mg #10. The Utilization Review dated November 16, 2015 non-certified the request for Trazodone 50mg #16 and Viagra 100mg #10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trazodone 60mg, #18: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Trazodone.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain.

**Decision rationale:** Trazadone is a tricyclic antidepressant. According to the MTUS guidelines, this class of medications is to be used for depression, radiculopathy, back pain, and fibromyalgia. Tricyclic antidepressants have been shown in both a meta-analysis and a systematic review to be effective, and are considered a first-line treatment for neuropathic pain. In this case, the claimant was actually on Trazadone to treat insomnia secondary to pain. Long-term use of Trazadone for insomnia is not indicated. Failure of other intervention to help with sleep is not substantiated. Continued use of Trazadone is not medically necessary.

**Viagra 100mg, #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Guidelines, Viagra (Sildenafil).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, differentiation: dependence & addiction, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 129.

**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. In this case, there is also no mention of further workup or behavioral interventions to manage erection. The claimant has diabetes which may be related as well but the progress notes do not mention this over causality to injury. The continued and chronic use of Viagra is not justified and is not medically necessary.