

Case Number:	CM15-0076640		
Date Assigned:	04/28/2015	Date of Injury:	07/03/2006
Decision Date:	05/26/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/22/2015

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 45 year old male, who sustained an industrial injury on 7/03/2006. The mechanism of injury was not noted. The injured worker was diagnosed as having status post L4-L5 and L5-S1 anterior posterior lumbar interbody fusion, status post debridement of lumbar spine secondary to post-operative infection, history of Mycobacterium Avium complex, status post antibiotic therapy, history of L5-S1 disc extrusion displacing left S1 nerve root, and status post lumbar hardware removal. Treatment to date has included lumbar spinal surgery on 7/18/2013, with subsequent debridement secondary to infection on 7/25/2015, removal of lumbar spinal hardware on 2/27/2014, diagnostics, aquatherapy, home exercise program, and medications. On 3/11/2015, the injured worker complained of low back pain with radicular symptoms in the left lower extremity, rated 4-5/10 with medication use and 7-8/10 without. He also reported erectile dysfunction secondary to his lumbar spinal surgery. He denied any change in his bowel or bladder habits. He reported difficulty in obtaining and maintaining an erection due to back complaints. Current medication use included Oxycontin, Oxycodone IR, and Miralax. He was working full time. The recommended treatment included a trial of Viagra for the treatment of erectile dysfunction, documented as "common following lumbar spine surgery". Urine drug screen (3/11/2015) was inconsistent with prescribed medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg quantity 5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

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. An exam was not performed nor detailed history of sexual function pre and post- surgery. Pre-surgical history of ED was neither confirmed nor refuted. Although erectile dysfunction is common in those who have undergone lumbar surgery, the history and physical did not elaborate the dysfunction to justify use. The request is not medically necessary.