

<b>Case Number:</b>	CM15-0077357		
<b>Date Assigned:</b>	04/24/2015	<b>Date of Injury:</b>	03/21/1991
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 57 year old male, who sustained an industrial injury on 03/21/1991. The injured worker reported that while carrying a cabinet that weighed approximately 75 to 100 pounds down stairs he fell forward while trying to hold the cabinet he subsequently heard a loud popping sound in his low back. The injured worker was diagnosed as having other symptoms referable to the back, thoracic or lumbosacral neuritis or radiculitis unspecified, lumbosacral spondylosis without myelopathy, displacement of lumbar intervertebral disc without myelopathy, intervertebral lumbar disc disorders with myelopathy to the lumbar region, headache, unspecified sleep disturbance, posttraumatic stress disorder, displacement of intervertebral disc site unspecified without myelopathy, and degenerative of thoracic or thoracolumbar intervertebral disc. Treatment to date has included medication regimen and home exercise program. In a progress note dated 03/03/2015 the treating physician reports complaints of back pain with a pain level of six. The injured worker also has intermittent shooting pain up the neck that leads to headaches. The treating physician requested Viagra 50mg with a quantity of 30 with no refills, but the documentation provided did not indicate the specific reason for this requested medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viagra 50mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goldman's Cecil Medicine, 24th Edition. 2011.

**Decision rationale:** The patient is a 57 year old male with an injury on 03/21/1991. He had a low back injury. The documentation provided for review did not include a diagnosis of erectile dysfunction nor was there a work up for this condition. There was no trial and error to note if any of his symptoms were a side effect of medication. There was insufficient documentation provided for review to substantiate the medical necessity of Viagra. Therefore is not medically necessary.