

Case Number:	CM13-0023866		
Date Assigned:	03/03/2014	Date of Injury:	11/09/2006
Decision Date:	07/23/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/13/2013

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 43-year-old man who sustained a work-related injury on November 9, 2006. Subsequently, the patient developed neck, shoulder, wrist, and low back pain. The patient underwent a right carpal tunnel release on March 27, 2009; a left carpal tunnel release on July 7, 2009; a lumbar spine facet block on August 24, 2009; and a right shoulder rotator cuff repair on November 11, 2009. On July 29, 2013, patient presented with left leg pain in the L4-L5 distribution and sexual difficulties. The physical exam revealed muscle spasm in the lumbar spine and difficulty walking and changing positions. His motion was restricted and didn't cause painful symptoms. Straight leg raise, indicative of disc herniation, was positive in the sitting and supine position on the left and negative in both positions on the right. An EMG/NCV dated January 16, 2013 demonstrated moderate left L5 sensory radiculopathy. The patient was diagnosed with C3-C& anterior and posterior fusion; L3-4, L4-5 facet arthropathy and disc herniation; right shoulder pain; and bilateral carpal tunnel releases. Prior treatments has included medications, trigger point injections, and physical therapy. The provider requested authorization to use Norco and Viagra. The patient was taking Noroc since at least October 11 2012 without continuous documentation of functional and pain improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, quantity 180, two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: “(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status,appropriate medication use, and side effects. Pain assessment should include: currentpain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework.” There is no clear evidence of objective and recent functional and pain improvement with previous use of opioids (Norco). There is no clear documentation of the efficacy/safety of previous use of Norco. There is no clear justification for the need to continue the use of Hydrocodone/Acetaminophen. The patient has been taking Norco since at least October 11, 2012 after a C#-7 anterior cervical and posterior cervical fusion. A progress report dated October 24, 2012 stated the provider intended to wean the patient from Norco. In addition, in January 2013, review 1020978 determined it was appropriate to begin weaning the patient from the medication. There is no documentation of continuous functional and pain improvement. Therefore the prescription of Noroc 10/325 mg # 180 2 refills is not medically necessary.

Viagra 100mg #10, two refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guidelines Clearinghouse.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: < Sildenafil. <http://en.wikipedia.org/wiki/Sildenafil> >.

Decision rationale: MTUS and ODG guidelines are silent regarding the use of Viagra. Viagra is using as a first line therapy to treat. Prior to the use of Viagra, a comprehensive physical examination and about the workup should be performed to identify reversible factors that should

be treated first. There is no documentation that a work up was done to investigate the cause of the erectile dysfunction (that may require different treatment) such as spine and urological disease, metabolic disease (diabetes) and vascular disorders. Furthermore, the provider diagnosed with the patient with sexual difficulties and attributed that to opioid use, depression and pain syndrome. Therefore, the request for Viagra 100mg # 10 is not medically necessary.