

<b>Case Number:</b>	CM13-0045975		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/25/2002
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	10/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 25, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; adjuvant medication; sleep aid; and opioid therapy. In a Utilization Review Report dated October 17, 2013, the claims administrator denied a request for Levitra, approved a request for OxyContin, approved a request for oxycodone, denied a request for Ambien, approved a request for Neurontin, denied a request for Naprosyn, and denied a request for Flexeril. The applicant's attorney subsequently appealed. In a January 7, 2014 medical-legal evaluation, it was stated that the applicant was not at maximum medical improvement. Persistent complaints of low back pain were noted. The applicant was status post multilevel disk replacement surgery, it was stated. It was suggested that the applicant had permanent work restrictions which had resulted in his removal from the workplace and that the applicant had alleged development of sexual dysfunction as a result of chronic opioid usage and depression. In a January 4, 2014 appeal letter, the attending provider complained about previous utilization review denials and stated that the applicant's function would not markedly improve following multilevel disc replacement surgery. It was stated that the applicant's quality of life and function were nevertheless maintained with medication usage. The attending provider suggested continuation of the same. On January 3, 2014, the applicant presented with multifocal low back and bilateral knee pain radiating into the bilateral legs. It was stated that the applicant had received recommendation to pursue knee surgery from his knee surgeon. The applicant was described as having intractable, chronic pain. The applicant apparently failed the previous usage of the pain pump. The attending provider stated that the applicant was able to perform light house cleaning, dress himself, care for himself, and bathe himself with ongoing medication

usage. The applicant was using OxyContin, oxycodone, Ambien, Neurontin, Naprosyn, and Flexeril, it was acknowledged. The applicant was asked to continue each of the same. The applicant's work status was not provided. In an earlier medical-legal evaluation of January 25, 2013, it was stated that the applicant had issues with erectile dysfunction present. In a medical-legal evaluation of January 7, 2014, it acknowledged that the applicant was not working and had not worked since 2002. It was stated that the applicant was having difficulty performing even basic activities of daily living including self-care, personal hygiene, physical activities, travel function, and sexual function. On February 12, 2014, it was stated that the applicant was not working and was receiving Social Security Disability Insurance (SSDI) benefits. The applicant was using Levitra, it was stated.

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

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

#### **LEVITRA 20 MG, #6: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference 2013 and [www.drugs.com](http://www.drugs.com).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: American Urologic Association (AUA), Guideline on the Management of Erectile Dysfunction, <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm>.

**Decision rationale:** The request in question, based on the admittedly difficult to follow documentation on file, does represent a first-time request for Levitra for erectile dysfunction. The MTUS does not address the topic. As noted by the American Urologic Association (AUA), 5 phosphodiesterase inhibitor such as Levitra does represent the first line of therapy for erectile dysfunction. In this case, the applicant has apparently developed erectile dysfunction. Introduction of Levitra to try and combat the same is indicated. Therefore, the request is medically necessary.

#### **AMBIEN 10 MG, #15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia treatment.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on the MTUS Chronic Pain Medical Treatment Guidelines, page 7-8 and on the Non-MTUS Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA) Ambien Medication Guide.

**Decision rationale:** The request in question appears to present a renewal request for Ambien, although this is admittedly somewhat difficult to follow as some of the applicant's treating providers have not documented the applicant's complete medication list from visit to visit. While the MTUS does not address the topic of Ambien usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines do suggest that attending providers using drugs from non-FDA labeled purposes have the responsibility to be well informed regarding usage of the same. In this

case, the Food and Drug Administration (FDA) notes that Ambien is indicated in the short-term treatment of insomnia, for up to 35 days. In this case, however, the attending provider has seemingly posited that he intends to continue employing Ambien for chronic, long-term, and/or sustained use purposes. This is not an approved indication for the same, per the FDA. Therefore, the request is not medically necessary.

**NAPROSYN 500 MG, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medication topic Page(s): 7, 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation was qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no clear demonstration of medication efficacy with ongoing Naprosyn usage. The attending provider has not elaborated or expounded upon precisely how Naprosyn has been beneficial. The applicant apparently remains off of work. The applicant remains highly reliant and highly dependent on opioid medications, including OxyContin. While one of the attending providers suggested that the applicant is able to perform activities such as self-care and personal hygiene with ongoing medication usage, including ongoing Naprosyn usage, other providers, conversely, state that the applicant is having difficulty performing even the most basic activities of daily living, including dressing and personal care. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Naprosyn. Therefore, the request for Naprosyn is not medically necessary.

**FLEXERIL 7.5 MG, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of other opioid or non-opioid agents for pain relief. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.