

Case Number:	CM13-0050115		
Date Assigned:	12/27/2013	Date of Injury:	06/17/2008
Decision Date:	03/25/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 low back pain reportedly associated with an industrial injury of June 17, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; muscle relaxants; psychotropic medications; long-acting opioids; unspecified number of epidural steroid injections; and prior L3-L4 laminectomy surgeries. In a Utilization Review Report of November 4, 2013, the claims administrator approved a request for Celebrex, Tizanidine, Elavil, Lyrica, and a urine drug screen. Oxycodone was partially certified, apparently on the grounds that the applicant was apparently using OxyContin at a Morphine-equivalent dose of 180. Viagra was reportedly denied. The applicant's attorney subsequently appealed. A clinical progress note of November 22, 2013 is notable for comments that the applicant presents to obtain medication refills. The applicant is reportedly benefitting from his medications. The applicant states that usage of medications is enhancing performance of activities of daily living. There is no evidence of abuse or diversion. The applicant is neurologically intact without gross deficiencies evident. Celebrex, Elavil, Lyrica, Viagra, and Oxycodone are apparently renewed. An earlier note of November 12, 2013 is notable for comments that the applicant is off of work owing to ongoing pain complaints. The applicant has reportedly been able to "discontinue the OxyContin." He is reportedly sleeping better, doing physical therapy twice a week, and using a stationary bike. The applicant is also using Celebrex and using short-acting Oxycodone for breakthrough pain. Pain medications are the only means of providing pain relief, increasing activity tolerance, and increasing functionality, it is stated. The applicant's BMI is 36. The applicant has no new history of urologic symptoms, it is stated. Multiple progress notes interspersed throughout 2012 and 2013 are reviewed. There is no specific mention that the applicant carries a diagnosis of sexual dysfunction, although the applicant is consistently described as using Viagra on an as-

needed basis as early as January 14, 2013. Operating diagnoses stated includes lumbar disk degeneration, radiculitis, and postlaminectomy syndrome. On April 4, 2013, the applicant was additionally given a diagnosis of trigger finger and history of carpal tunnel syndrome. It is never clearly stated that the applicant carries a diagnosis of sexual dysfunction or erectile dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 30 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved function, and/or reduced pain effected as a result of ongoing opioid usage. In this case, however, these criteria have not seemingly been met. The applicant is reportedly deriving appropriate analgesia through Oxycodone usage for breakthrough pain as of the November 12, 2013 progress note referenced above. The applicant's ability to perform non-work activities of daily living is apparently improved as a result of ongoing Oxycodone usage, although it is acknowledged that the applicant has failed to return to work. Nevertheless, on balance, continuing Oxycodone is indicated and appropriate, given the applicant's reported favorable response to the same. Therefore, the initial utilization review decision is overturned. The request is certified.

Viagra 100 mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http:// www.guideline.gov/content.aspx?id=10018 &search=erectile+dysfunction](http://www.guideline.gov/content.aspx?id=10018&search=erectile+dysfunction)

Decision rationale: The MTUS does not address the topic. As noted by the American Urologic Association (AUA), 5 phosphodiesterase inhibitors such as sildenafil or Viagra do represent a first-line treatment for erectile dysfunction. In this case, however, it is not clearly stated that the applicant is in fact suffering from erectile dysfunction. The applicant's previous response to Viagra usage has not been detailed or described. The applicant is described as consistently using Viagra on multiple office visits interspersed throughout 2013. However, no documentation as to why the applicant is using Viagra and/or what the applicant's prior response to Viagra has been provided. Therefore, the request is likewise not certified, on Independent Medical Review.

