

Case Number:	CM14-0005220		
Date Assigned:	06/20/2014	Date of Injury:	01/19/2006
Decision Date:	08/15/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/15/2014

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 patient is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 19, 2006. The patient's case and care, it is incidentally noted, has been complicated by comorbid diabetes. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; earlier cervical spine surgery; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated January 8, 2014, the claims administrator denied a request for cyclobenzaprine, oxycodone, Viagra, and OxyContin. Overall rationale was quite sparse. The claims administrator's rationale comprise, in large part, on cited guidelines. At the conclusion of the report, the claims administrator stated that the patient did not meet guidelines and therefore the request would be denied. The patient's attorney subsequently appealed. A February 6, 2014 progress note is notable for comments that the patient reported 9/10, heightened low back and neck pain, exacerbated by activities such as bending, lifting, lying down, alternating positions, and walking. The patient stated that he was having difficulty to perform even basic activities of daily living such as bedding, cooking, and cleaning. The patient also stated that his relationships with other individuals have been adversely impacted. The patient was using bisacodyl, glyburide, Neurontin, OxyContin, New Terocin lotion, oxycodone, Colace, Flexeril, Viagra, and metformin, it was stated. Limited range of motion was noted about multiple body parts. The patient received multiple medication refills. Gym membership and CT scan of the cervical spine were sought. The patient was also asked to receive one year of in home health, a walk-in tub, and a scooter. The patient was placed off of work and deemed medically disabled. It was stated that the Viagra was being used prior to sexual activity. In an earlier note of January 7, 2014, the patient stated that ongoing usage of Viagra was improving his sexual function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg # 60: 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 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 agent is not recommended. In this case, the applicant is, in fact, using a variety of analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to mix is not recommended. Therefore, the request is not medically necessary.

Oxycodone HCL 30 mg # 120: 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 When to Continue Opioids topic 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 include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has been deemed medically disabled. The applicant's pain complaints are heightened and consistently described as an 8-9/10 range or greater, despite ongoing opioid usage. The applicant is having difficulty performing even basic activities of daily living such as cooking, cleaning, negotiating stairs, standing, walking, etc, despite ongoing opioid usage, including ongoing oxycodone usage. Therefore, the request is not medically necessary.

Viagra 100 mg # 120: Overturned

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 American Urological Association (AUA) Management of Erectile Dysfunction Guidelines.

Decision rationale: The MTUS does not address the topic. As noted by the American Urological Association (AUA), 5-phosphodiesterase inhibitor such as Viagra should be offered as a first-line therapy for erectile dysfunction. The AUA further notes that applicants on 5-inhibitor therapy should be periodically followed up on to determine efficacy and/or presence or absence of side effects associated with the same. In this case, in stark contrast to the applicant's other medications, the attending provider has reported that the applicant usage of Viagra has ameliorated his sexual performance. Continuing the same, then, on balance, is indicated. Therefore, the request is medically necessary.

Oxycontin 80 mg # 120: 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 When to Continue Opioids topic 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 include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has been deemed "medical disabled." The applicant's ability to perform even basic activities of daily living such as standing, walking, lifting, bending, etc appears to be quite limited, despite ongoing opioid usage. Therefore, the request for OxyContin is not medically necessary.