

Case Number:	CM14-0014125		
Date Assigned:	02/26/2014	Date of Injury:	10/16/2009
Decision Date:	06/26/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/04/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 16, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; CT imaging of lumbar spine of November 29, 2011, notable for 5-mm disk protrusion at L1-L2 with associated significant central stenosis; electrodiagnostic testing of August 14, 2012, notable for an L5 radiculopathy; and extensive periods of time off of work. In a Utilization Review Report dated January 30, 2014, the claims administrator partially certified request for Norco for weaning purposes, denied a request for Viagra outright, and approved request for a multidisciplinary treatment program. In an applicant questionnaire dated December 19, 2013, the applicant stated, through preprinted checkboxes, that he had the worst disability in terms of occupation and sexual behavior. The applicant was unable to perform family or household chores and/or participate in recreational activities, it was stated. In a December 19, 2013 progress note, the applicant was described as having ongoing issues with low back pain. The applicant has also developed abdominal pain and psychological stress. The applicant was diabetic. The applicant had issues with erectile dysfunction, GI distress, hypertension, and radicular complaints. Both Norco and Viagra were endorsed. The applicant was placed off of work. In an October 29, 2013 progress note, it was again stated that the applicant had longstanding erectile dysfunction and had been given a 20% whole-person impairment rating for the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

UNKNOWN PRESCRIPTION OF VIAGRA.: 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 American Urological Association, Erectile Dysfunction Guidelines.

Decision rationale: The MTUS does not address the topic. While the American Urological Association does acknowledge that 5 phosphodiesterase inhibitors such as Viagra do represent the first-line therapy for erectile dysfunction, the AUA also notes that 5-inhibitor therapy should include periodic follow-up visits to determine efficacy, side effects, and/or a significant change in health status. In this case, the attending provider has reevaluated the applicant on several occasions but has not commented on whether or not Viagra has been effective. There has been no mention of the efficacy or lack thereof of Viagra. It is not clearly stated how much Viagra was being sought at this time. Therefore, the request is not medically necessary owing to the lack of documentation as to how effective or ineffective previous usage of Viagra has been.

NORCO 10/325 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES., HYDROCODONE (VICODIN, LORTAB),

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, When to Continue Opioids topic. Page(s): 80.

Decision rationale: Norco is an opioid. 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 has failed to return to work, several years removed from the date of injury. There is no compelling evidence which would suggest that ongoing usage of Norco has ameliorated the applicant's ability to perform activities of daily living. In a questionnaire dated December 19, 2013, the applicant himself acknowledged that his ability to perform even basic household chores was limited and constrained, despite ongoing opioid therapy. Therefore, the request is not medically necessary.