MAXIMUS Federal Services

Case Number:	CM14-0158120		
Date Assigned:	10/01/2014	Date of Injury:	03/28/1989
Decision Date:	11/06/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/26/2014

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 claimant is a represented [redacted] employee who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of March 20, 1989.Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier lumbar fusion surgery; earlier cervical fusion surgery; earlier shoulder surgery; and an intrathecal pain pump.In a Utilization Review Report dated September 3, 2014, the claims administrator failed to approve a request for Nucynta, Percocet, and Viagra.The applicant's attorney subsequently appealed.In a progress note dated September 16, 2014, handwritten, difficult to follow, not entirely legible, the applicant reported 8-1/10 low back pain. The applicant was reportedly using Opana left over from an earlier prescription. The attending provider suggested that the applicant would experience some symptoms of opioid withdrawal. Percocet and Nucynta were prescribed. The applicant was asked to employ clonidine for anxiety. The applicant was given a shot of intramuscular morphine in the clinic setting.In an earlier handwritten note dated August 27, 2014, the applicant reported 10//10 pain complaints without medications. The applicant stated that Opana and baclofen were ameliorating her complaints to some extent. The applicant apparently received some pain pump refills, although this was very difficult to follow. Viagra was apparently endorsed for sexual dysfunction while Nucynta and Percocet were refilled. In a June 30, 2014, the applicant was asked to remain off of work on "permanent disability." The applicant reported persistent complaints of low back, bilateral leg, bilateral foot, neck, and right shoulder pain. The applicant was asking for a prescription for testosterone. The applicant's pain complaints were heightened. The applicant was limping and having difficulty walking, it was noted on this occasion. The applicant was given a short of Toradol and asked to obtain laboratory testing for testosterone. Percocet, Provigil, baclofen, and Xanax were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg; #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management; When to Continue Opioids Page(s): 78; 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 functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work on "permanent disability," the attending provider has suggested. The applicant's pain complaints are seemingly heightened from visit to visit as opposed to reduce from visit to visit, despite ongoing opioid therapy. The applicant continues to report pain complaints as high as 8-10/10, despite ongoing opioid usage. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioids be employed to improve pain and function. In this case, the attending provider has not outlined a clear rationale for provision of so many different opioid agents, including Percocet, Nucynta, Opana, etc. Therefore, the request of Nucynta 75mg; #60 is not medically necessary and appropriate.

Percocet 10/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management; When to Continue Opioids Page(s): 78; 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. In this case, the applicant has apparently been given prescriptions for three separate opioid agents, Percocet, Nucynta, and Opana. No compelling rationale for provision of so many different opioids has been furnished by the attending provider. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Namely, the applicant has failed to return to work. The applicant has been deemed "permanently disabled," the attending provider has acknowledged. The applicant's pain complaints are consistently scored in the 8-10/10 range, despite ongoing usage of Percocet. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request of Percocet 10/325mg #240 is not medically necessary and appropriate.

Viagra 100mg #10: 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 Other Medical Treatment Guideline or Medical Evidence: http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm , Erectile Dysfunction, The Management Of Erectile Dysfunction (2005) Panel Members: Drogo K. Montague, MD, Co-Chair; Jonathan P. Jarow, MD, Co-Chair; Gregory A. Broderick, MD; Roger R. Dmochowski, MD; Jeremy P.W. Heaton, MD; Tom F. Lue, MD; Aaron J. Milbank, MD; Ajay Nehra, MD; Ira D. Sharlip, MD Phosphodiesterase Type 5 (PDE5) Inhibit

Decision rationale: The MTUS does not address the topic of Viagra. However, as noted by the American Urologic Association (AUA), 5 phosphodiesterase inhibitors such as Viagra, unless contraindicated, should be offered as a first line of therapy for erectile dysfunction. In this case, the attending provider's handwritten progress note of August 22, 2014, while difficult to follow, handwritten, not entirely legible, did seemingly suggest that the applicant was experiencing some symptoms of erectile dysfunction. Introduction of Viagra was, thus, indicated on or around the date in question. Therefore, the request of Viagra 100mg #10 is medically necessary and appropriate.