

Case Number:	CM14-0038183		
Date Assigned:	06/25/2014	Date of Injury:	06/04/2011
Decision Date:	08/20/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/01/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 44 year old male who sustained an injury on 07/06/10 while lifting shingles. The injured worker reported hearing a loud pop in his low back resulting in severe low back pain. The injured worker is noted to have had a prior lumbar fusion at L5-S1. Following surgery, the injured worker continued to have severe and chronic low back pain radiating to the right lower extremity with associated weakness. Other treatment has included physical therapy as well as aquatic therapy. The injured worker's pain symptoms were being managed with medications. The injured worker was seen on 01/30/14 with continuing complaints of low back pain radiating to the right lower extremity. Per the report, the injured worker had no benefit from previous injections. The injured worker reported that Vicodin and Ibuprofen were no longer providing benefit. The injured worker was utilizing Vicodin 1-2 tablets every 4-6 hours up to 6 per day. The injured worker reported minimal benefit from this medication. No benefits from Ultram were reported. The injured worker noted side effects from Gabapentin. Physical examination noted limited lumbar range of motion with a flat appearing lumbar spine. There was tenderness to palpation in the lumbar paraspinal musculature. Diminished sensation in the right lower extremity was noted in the lateral aspect. There was intact strength present. There were concerns regarding possible pseudoarthrosis at L5-S1 at the fusion graft. There was discussion regarding potential trigger point injections as well as further physical therapy. The recommendation was for a conversion to Nucynta as it was felt that the injured worker was becoming resistant to hydrocodone. The injured worker was seen on 02/26/14. This was a handwritten report. The injured worker did report benefits from the use of Nucynta with pain scores at 6/10 on the visual analog scale. Physical examination continued to note limited lumbar range of motion. Straight leg raise findings were reported as negative. There was decreased sensation in the right lower extremity. There was a recommendation for epidural steroid

injections at this visit. Viagra was also prescribed at this evaluation. The requested Viagra 100mg, qty 6 with 1 refill and Nucynta 75mg were non-certified by utilization review on 03/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg, Quantity: 6 + 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDconsult.com, Sildenafil-Viagra.

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:Viagra. (2013). In Physicians' desk reference 67th ed.

Decision rationale: There was no evidence to support the presence of erectile dysfunction for this injured worker that would require the use of this medication. No urology consults were available for review and there was no objective evidence to establish a diagnosis of erectile dysfunction. Therefore, this request is not medically necessary nor appropriate.

Nucynta 75 using 2/day, refill when needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: In regards to the request for Nucynta 75mg, there is insufficient documentation available establishing the efficacy of this medication. It is unclear to what extent pain improvement was obtained with the use of Nucynta. The last pain scores for the injured worker were 6/10 on the visual analog scale; however, it is unclear if this is with or without medications. There is no clear evidence of functional benefit obtained with the use of Nucynta to support its ongoing use. Furthermore, the request was non-specific in regards to quantity or duration. Per guidelines, Nucynta is a recommended 2nd to 3rd line opioid analgesic utilized for severe musculoskeletal pain. Although the injured worker was noted to becoming tolerant to hydrocodone, there is no indication of any significant functional improvement or pain reduction to support the ongoing use of this medication. Therefore, this request is not medically necessary.