

<b>Case Number:</b>	CM14-0039473		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	06/14/1999
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	03/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2014

### 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 neck and low back pain reportedly associated with an industrial injury of June 14, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; multiple cervical and lumbar spine surgeries; and supplemental testosterone. In a Utilization Review Report dated March 12, 2014, the claims administrator denied a request for Norco, Viagra, and OxyContin. The claims administrator cited an insurance contract from the Regence Group dated July 28, 2006 and the decision to deny Viagra and mislabeled these insurance criteria as evidence-based guidelines. The claims administrator also denied the request for Norco and OxyContin on the grounds that it deemed that the applicant was using 180 morphine equivalents daily. The applicant's attorney subsequently appealed. In an appeal letter dated March 25, 2014, the applicant's treating provider stated that he was a pain physician and felt that the applicant should continue on opioid therapy with OxyContin and Norco. It was stated that the applicant had chronic severe neck and low back pain complaints. The attending provider stated that the applicant's ability to perform activities of daily living, including walking, was ameliorated with ongoing opioid therapy. The attending provider stated that the applicant had developed impotence for which Viagra and testosterone were indicated. The attending provider stated that the applicant had hypogonadism but did not elaborate on the extent of the same. A June 25, 2013 progress note was notable for comments that the applicant was using OxyContin and Viagra. 7/10 pain with medication was noted. The applicant stated that his TENS unit was not working well. The applicant's entire medication list reportedly included Norco, Fexmid, Relpax, senna, MiraLax, OxyContin, and Viagra. In a latter note of September 23, 2013, it was again stated that the applicant reported 7/10 pain with medications. The applicant had aching pain complaints, it was stated. It was stated that the applicant had been

deemed permanently disabled. This was echoed by commentary on later note of September 24, 2013, which also stated that the applicant had been deemed permanently disabled. On October 22, 2013, the applicant again presented with persistent 7/10 low back pain. On December 23, 2013, the attending provider again stated that the applicant reported 7/10 low back pain with medications. Norco, OxyContin, and Sonata were endorsed while the applicant was again placed off of work and deemed permanently disabled.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Norco 10mg:** Upheld

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

**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 functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant continues to report high levels of pain, in the 7/10 range, with ongoing opioid therapy. The applicant has been off of work and has been deemed permanently disabled. The attending providers letter to the effect that the applicant's ability to walk has been improved as a result of ongoing opioid therapy appears to be marginal to negligible and is outweighed by the applicant's failure to return to any form of work as well as the applicant's failure to demonstrate any lasting benefit in terms of activities of daily living. Therefore, the request is not medically necessary.

**Viagra:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Regency Group July 28, 2006 - Viagra (Sildenafil).

**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: <Insert Other Basis/Criteria> <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm>.

**Decision rationale:** The MTUS does not address the topic. As noted by the American Urologic Association (AUA), 5 phosphodiesterase inhibitors such as Viagra are a first-line therapy for erectile dysfunction, the issue reportedly present here. The American Urologic Association (AUA) further notes that attending providers prescribing 5 phosphodiesterase inhibitors should periodically follow up with applicants to ensure ongoing medication efficacy. In his letter dated March 20, 2014, the attending provider did posit that Viagra had worked well for the applicant.

Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.

**Oxycontin 20mg:** Upheld

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

**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 functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work and has been deemed permanently disabled. The applicant continues to report high levels of pain, 7/10, despite high levels of opioid therapy with OxyContin. The attending provider has not elaborated or expounded upon precisely what activities of daily living have been ameliorated with ongoing OxyContin usage. Therefore, the request is not medically necessary.