

<b>Case Number:</b>	CM14-0040248		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	10/16/2009
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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:

This is a 43 year old who reported low back pain after an injury on October 16, 2009. He has been diagnosed with mental illness, lumbar degenerative disc disease as well as various internal medicine conditions, including erectile dysfunction. Treatment has included epidural steroid injection, chiropractic, and medications. In 2011 and 2013, the injured worker was evaluated by a urologist, who noted multiple possible causes for erectile dysfunction and recommended a trial of Levitra, and then use of Viagra if effective. An internal medicine AME in 2011 subsequently recommended Viagra. In 2011 a pain management physician evaluated the injured worker and stated that medications were reported by the injured worker as 10% effective for pain. The injured worker was evaluated by a neurosurgeon in 2012, who noted that function was extremely poor and pain medications were largely ineffective. A psychiatrist AME diagnosed depression and anxiety. In 2012 the current primary treating physician noted that Atarax was prescribed and effective for pain relief when used with Norco. Periodic reports from the primary treating physician over the last two years show regular prescribing of Atarax, Norco, amitriptyline, and Amrix. No reports show significant increases in function. Pain is consistently at high levels and function is very poor. Work status is consistently "temporarily totally disabled". Per the PR2 of January 21, 2014, there was ongoing low back pain and leg pain. Norco was recommended because pain was ongoing. Atarax was recommended for anxiety and because it potentiated Norco. Viagra was prescribed without indications listed. Work status remained as "temporarily totally disabled". On March 23, 2014, Utilization Review non-certified Norco, partially certified Atarax, and partially certified Viagra. Note was made of the lack of functional improvement while using opioids, the use of Atarax to treat anxiety, and the indications for Viagra to treat erectile dysfunction. The MTUS, the Official Disability Guidelines, and a urology article were cited in support of the decisions.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription for Norco 10/325 mg #180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Users of Opioids (6-months or more).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Opioid management; Page 94, Opioids, steps to avoid misuse/addiction Page 80, indications, Chronic back pain Page 81, Mechanical and compressive etiologies Page 60, Medication trials Page(s): 74-78.

**Decision rationale:** There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. There is no evidence of significant pain relief or increased function from the opioids used to date. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient "has failed a trial of non-opioid analgesics". The MTUS recommends a urine drug screen program for patients with poor pain control and to help manage patients at risk of abuse. There is a high rate of aberrant opioid use in patients with chronic back pain. There is no record of a Urine Drug Screen (UDS) program for this injured worker. The treating physician has stated that the patient is "temporarily totally disabled" while taking opioids, which represents a profound degree of disability and failure of treatment, as this implies confinement to bed for most or all of the day. Norco is not medically necessary based on lack of benefit from opioids to date, and lack of a treatment plan for chronic opioid therapy consistent with the MTUS.

### **1 prescription for Atarax 25 mg #120 with 3 refills: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Anxiety medications in chronic pain Other Medical Treatment Guideline or Medical Evidence: UpToDate, Overview of treating chronic pain, hydroxyzine indications per Lexicomp.

**Decision rationale:** The treating physician has stated that Atarax has been prescribed for anxiety and to potentiate the analgesic effects of Norco. None of the medical reports from the primary

treating physician described the specific results of using Atarax. All of the reports from the primary treating physician show very poor function and poor pain relief. None of the psychiatric medical reports recommend Atarax, and most reports address depression as the primary psychiatric condition, not anxiety. The MTUS does not provide direction of the use of hydroxyzine. The Official Disability Guidelines, per the citation above, states that hydroxyzine may be useful for anxiety, although other medications are listed as first choices. Outcome measurements are discussed. The treating physician has not discussed any specific treatment plan for anxiety apart from hydroxyzine, and the outcomes have not been discussed. The use of hydroxyzine to treat chronic pain is not discussed in any of the standard guidelines, including the MTUS, the Official Disability Guidelines, and UpToDate; and its use for chronic pain is not an indication per the standard drug literature, including the information found in Lexicomp. Antihistamines do enhance the CNS depressant effects of opioids. The medical necessity for hydroxyzine has not been adequately established for this injured worker, per the available records. There is an inadequate treatment plan for anxiety. There is no clear indication per the medical literature for antihistamines to treat chronic pain. No outcomes of using hydroxyzine are evident in the records, and the records show poor function, pain relief, and mental status. Hydroxyzine is therefore not medically necessary.

**1 prescription for Viagra 100 mg #60 with 3 refills:** 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: UpToDate, Evaluation of male sexual dysfunction.

**Decision rationale:** This injured worker has been seen by a urologist on at least two occasions, with recommendations for using Viagra and/or Levitra. The urologist adequately evaluated the injured worker, including the various possible causes for erectile dysfunction. According to the UpToDate reference cited above, there are multiple possible causes for erectile dysfunction. Causes may be behavioral or organic. There may be important medical conditions causing erectile dysfunction in some patients. A careful history and physical examination is necessary to evaluate erectile dysfunction. The evaluation was adequate to support the use of Viagra. The Utilization Review did not provide any clear reason why Viagra was not indicated or why it should be limited in quantity or duration. Viagra as prescribed is medically necessary based on the cited guidelines and the recommendations of the urologist.