

<b>Case Number:</b>	CM14-0049653		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	09/27/1997
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	04/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/17/2014

### 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 Family 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 patient is a 51 year-old male who was injured at work on 9/27/1997. The injuries were primarily to his neck, back and right lower extremity. He is requesting review of denial for Vicodin ES, MRI of the lumbar spine, and Cialis. Medical records corroborate ongoing care for the patient's chronic pain. Diagnoses include lumbosacral neuritis; cervical radiculopathy; ulnar neuritis; history of past noncompliance. The Primary Treating Physician's Progress Report (PR-2) that provides the request for the MRI indicates that the patient has recurrent LBP/RLE to right foot and shooting up to the cervical spine. Objective findings state stiff neck and low back pain. SLR/RLE, LBP radiates to cervical spine. The plan states to cancel request for MRI of the cervical spine and request MRI of the lumbar spine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Vicodin ES 7.5/325 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the 4 A's for Ongoing Monitoring. These four domains include pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the 4 A's for Ongoing Monitoring. The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Vicodin ES is not considered as medically necessary.

**MRI of the lumbar spine with contrast:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, MRI.

**Decision rationale:** The Official Disability Guidelines comment on the use of MRI imaging in patients with low back pain. Based on the information initially provided in the records, there was insufficient justification provided in support of the need for an MRI of the lumbar spine. However, the Primary Treating Physician's Report dated 4/14/14 suggests the presence of signs that represent indications for re-imaging. Specifically that the patient has demonstrated deterioration of his back condition with increasing evidence of radiculopathy. While it would be helpful to have more complete documentation of a musculoskeletal and neurologic examination, the description provided by the physician is sufficient to warrant the requested lumbar MRI. Therefore, this request is medically necessary.

**Cialis 20 mg #10 with 6 refills:** Upheld

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

**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: National Guideline Clearinghouse, The Management of Erectile Dysfunction: An Update. American Urologic Association (Montague DK, Jarow JP, Broderick GA, et al.) Erectile Dysfunction Guideline Update Panel. The management of erectile dysfunction. Linthicum (MD): American Urologic Association Education and Research, Inc. 2006.

**Decision rationale:** The ACOEM, Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines do not comment on the topic of erectile dysfunction. The Cochrane Database also does not provide a review of this subject. The National Guideline Clearinghouse has the American Urological Association Education and Research which recommendations for The Management of Erectile Dysfunction. These guidelines pertain to the target population of men who have erectile dysfunction after a well-established period of normal erectile function, whose erectile dysfunction is primarily organic rather than psychological in nature, and who have no evidence of hypogonadism or hyperprolactinemia. An evaluation is recommended for all patients to include identification of comorbidities and psychosexual dysfunctions through a sexual, medical and psychosocial history. A focused physical examination is also recommended. Management and treatment recommendations include educating the patients regarding treatment options and associated risks and benefits, managing risk factors for erectile dysfunction, considering comorbidities when managing patients with erectile dysfunction, pharmacologic therapy with phosphodiesterase inhibitors (such as Cialis), vacuum constriction devices, surgery including a penile prosthesis, and periodic follow-up of efficacy, side effects, and change in health status. The available medical records provide insufficient documentation that this patient has undergone an evaluation for the problem of erectile dysfunction. Therefore, the use of a specific treatment such as Cialis is not considered as medically necessary.