

Case Number:	CM14-0087929		
Date Assigned:	07/23/2014	Date of Injury:	01/26/2000
Decision Date:	09/19/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/11/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in California & Washington. 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 55-year-old male who reported an injury after lifting a coworker weighing approximately 200 pounds out of a hole on 01/26/2000. The clinical note dated 07/15/2014 indicated diagnoses of status post lumbar spine laminectomy dated 04/03/2013 and lumbar spine musculoligamentous sprain/strain with left lower extremity radiculitis with 2 mm disc bulge at L3-S1. The injured worker reported continued low back pain with sharp left lower extremity radicular pain to his knees and occasionally to his foot. The injured worker reported difficulty sleeping due to pain. The injured worker reported his pain level was 7/10 to 8/10, moderate, frequent, dull, sharp, with numbness and aching. The injured worker reported sexual dysfunction. On physical examination of the lumbar spine, there was tenderness to palpation over the paraspinal musculature with muscle spasms. The injured worker had a positive straight leg raise. The injured worker's range of motion of the lumbar spine was decreased. The injured worker's treatment plan included authorization for extension of the requested lumbar epidural steroid injection, continue with exercises, and authorization for gym membership. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco and Viagra. The injured worker reported without pain management, his pain level was 9/10. The injured worker reported he was able to perform activities of daily living with the use of medications and it improved participation in a home exercise program. The provider submitted a request for Norco and Viagra. A Request for Authorization dated 07/15/2014 was submitted for Norco and Viagra; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5 mg/325 mg tablets #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 91; 78.

Decision rationale: The request for Norco 7.5 mg/325 mg tablets #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's evaluation of risk for aberrant drug use behaviors and side effects. Moreover, the request did not indicate a frequency for the Norco. Therefore, the request for Norco is not medically necessary.

Viagra 50 mg #10: Upheld

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: MedlinePlus, Viagra, online database, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a699015.html>.

Decision rationale: The request for Viagra 50 mg #10 is not medically necessary. According to MedlinePlus sildenafil (Viagra) is used to treat erectile dysfunction in men. Sildenafil (Revatio) is used to improve the ability to exercise in adults with pulmonary arterial hypertension (PAH; high blood pressure in the vessels carrying blood to the lungs, causing shortness of breath, dizziness, and tiredness). Sildenafil is in a class of medications called phosphodiesterase (PDE) inhibitors. Sildenafil treats erectile dysfunction by increasing blood flow to the penis during sexual stimulation. This increased blood flow can cause an erection. Sildenafil treats PAH by relaxing the blood vessels in the lungs to allow blood to flow easily. There is a lack of documentation of efficacy and functional improvement with the use of the Viagra. In addition, the request does not indicate a frequency of the Viagra. Therefore, the request for Viagra is not medically necessary.