

Case Number:	CM14-0096021		
Date Assigned:	07/25/2014	Date of Injury:	12/26/2007
Decision Date:	09/11/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/24/2014

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 Internal 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:

Patient is an injured worker with lumbar radiculopathy, lumbar degenerated disc disease, and failed back syndrome. Date of injury was 12-26-2007. The patient sustained an injury on 12/26/07, when was getting off a forklift and was holding onto steering wheel which pulled out due to a lock-nut not being bolted in place and it pulled out and the patient felt an immediate jolting pain and landed on the left lower extremity. The patient's past medical history included depression and anxiety. The previous treatments included physical therapy, chiropractics, and interlaminar epidural steroid injection. The patient had an anterior lumbar interbody fusion at L5-S1 on 11/09/10 and removal of spinal cord stimulator (SCS) implant on 02/17/14. The patient's medications were Oxycodone 15 mg 1-2 tablets by mouth every 3-4 hours as needed for pain, Viagra 100 mg 1 tablet by mouth 60 minutes prior to sexual activity, Prilosec 20 mg 2 capsules by mouth every morning for heartburn, Docusate sodium 100 mg 1-2 tablets by mouth every afternoon as needed for opioid-induced constipation, Voltaren XR 100 mg 1 tablet by mouth every day as needed for inflammation and pain, Prozac 20 mg, and Clonazepam 1 mg for sleep. The patient had no known allergies. According to the Secondary Treating Physician's Progress Report dated 05/20/14, the patient complained of chronic, severe low back, groin and bilateral lower extremity pain. The patient's legs were tingling after the surgery and now the pain was excruciating. The patient described the pain as the legs were so weak and felt that the patient was going to fall. Since the last visit, the patient continued to report low back and bilateral leg pain. The patient did return to work approximately three weeks ago. The patient was doing well with the increased activity and was encouraged. The pain level score was 10/10 without medications and 6/10 with medications. The pain level today was 7/10. On examination of the lumbar spine, there was well healed SCS site with no signs of infection. There was tenderness to palpation in the paraspinals, especially over the right sided implanted SCS. Palpation and tenderness was

abnormal at the L4-L5. The range of motion in forward flexion was 40 degrees, hyperextension was 10 degrees, right lateral bend was 10 degrees, and left lateral bend was 10 degrees. There was sciatic notch tenderness present bilaterally. The sitting straight leg raise was positive bilaterally. The patient's toe walking was normal but heel walking was abnormal, bilaterally. The patient's gait was antalgic. The patient's posture was abnormal and decompensated in the sagittal plane. There was decreased strength in the bilateral lower extremities. Apportion of the right lower extremity weakness was limited by groin and low back pain. The left lower extremity strength in left hip abductors was 4+/5, left hip adductors was 4+/5, left psoas was 4+/5, left quads was 4+/5, left tibialis anterior was 3+/5, and left extensor hallucis longus was 3+/5. The right lower extremity strength in right hip abductors was 3+/5, right hip adductors was 3+/5, right psoas was 3+/5, right quads was 3+/5, right tibialis anterior was 4+/5, and right extensor hallucis longus was 4+/5. There was decreased sensation to pin touch in the right L5, right SI, left L4, left L5, and left SI. There was decreased sensation to light touch in the bilateral lower extremities. The deep tendon reflexes in the lower extremities were decreased but equal which revealed left knee was 2+, left ankle was 1+, right knee was 2+, and right ankle was 1+. The patient had normal pulses in the upper and lower extremities. Diagnoses were lumbar radiculopathy, lumbar degenerated disc disease, and failed back syndrome. Treatment plan included Oxycodone 15 mg, Viagra 100 mg, Prilosec 20 mg, Docusate sodium 100 mg, and Voltaren XR 100 mg. LSO lumbar sacral orthosis corset. Urological consultation note dated 10-09-2013 documented a diagnosis of impotence which developed after his industrial accident and became worse after his spinal surgery, with a treatment recommendation of Viagra 100 mg with a quantity of nine tablets monthly. Utilization review decision date was 06-10-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Durable Medical Equipment (DME) LSO Corset: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 12 Low Back Complaints (Page 301) states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. ACOEM 3rd edition occupational medicine practice guidelines (2011) state that lumbar supports are not recommended for the treatment of low back disorders. Lumbar supports are not recommended for prevention of low back disorders. Patient is an injured worker with lumbar radiculopathy, lumbar degenerated disc disease, and failed back syndrome. Date of injury was 12-26-2007. The patient had an anterior lumbar interbody fusion at L5-S1 on 11/09/10. MTUS and ACOEM guidelines do not support the medical necessity of LSO lumbar sacral orthotic corsets. Therefore, the request for Durable Medical Equipment (DME) LSO Corset is not medically necessary.

Viagra 100 Mg #9 x 3: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [Http://www.ncbi.nlm.nih.gov/Pumed/12076989](http://www.ncbi.nlm.nih.gov/Pumed/12076989)"The Clinical Safety of Viagra".

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Treatment Utilization Schedule (MTUS) does not address Viagra (sildenafil)FDA Prescribing Information Viagra (sildenafil)www.drugs.com/pro/viagra.html.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) does not address Viagra (sildenafil). FDA Prescribing Information reports that Viagra is indicated for the treatment of erectile dysfunction. Urological consultation note dated 10-09-2013 documented a diagnosis of impotence which developed after his industrial accident and became worse after his spinal surgery, with a treatment recommendation of Viagra 100 mg with a quantity of nine tablets monthly. Medical records support the medical necessity of Viagra 100 mg. Therefore, the request for Viagra 100Mg #9 x 3 is medically necessary.