

<b>Case Number:</b>	CM14-0098369		
<b>Date Assigned:</b>	07/28/2014	<b>Date of Injury:</b>	08/26/2003
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2014

### 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 and Rehabilitation, and is licensed to practice in Nevada. 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 records presented for review indicate that this 57-year-old gentleman was reportedly injured on August 26, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 20, 2014, indicates that there are ongoing complaints of neck pain, back pain, shoulder pain, as well as insomnia and complaints of erectile dysfunction. The physical examination of the lumbar spine showed tenderness and excellent range of motion. There was a positive right side straight leg raise test at 60. The physical examination of the right shoulder noted tenderness at the right acromioclavicular joint. Right shoulder range of motion was decreased with flexion to 140 and abduction to 130. Diagnostic imaging studies of the cervical spine show a disc protrusion at C5 - C6 with spinal stenosis. Previous treatment includes oral medications. A request had been made for Norco and Viagra and was not certified in the pre-authorization process on June 14, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113-116 OF 127.

**Decision rationale:** Norco (hydrocodone/acetaminophen) is a short acting opiate indicated for the management of moderate to severe breakthrough pain. The California MTUS guidelines support short-acting opiates at the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no objective clinical documentation of improvement in their pain or function with the current regimen. As such, this request for Norco is not medically necessary.

**Viagra 100mg #15:** 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a699015.html>.

**Decision rationale:** A review of the attached medical record does indicate that the injured employee has been diagnosed with erectile dysfunction due to chronic cervical spine pain and low back pain. Considering this, the request for Viagra 100 mg is medically necessary.