

Case Number:	CM14-0191544		
Date Assigned:	11/25/2014	Date of Injury:	07/17/2000
Decision Date:	01/14/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/17/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 54 year old patient with date of injury of 07/17/2000. Medical records indicate the patient is undergoing treatment for failed back syndrome, lumbar, lumbar degenerative disc disease and fibromyalgia/myositis. Subjective complaints include deep achy pain in back that radiates down bilateral lower extremities worse on left in the poster aspect past the knee down to the heel with numbness and tingling. Objective findings include straight leg raise bilaterally is normal, pain over the lumbar intervertebral spaces on palpation over the mid to lower lumbar spine, anterior lumbar flexion causes pain and extension of lumbar spine is 20 degrees. Treatment has consisted of TENS unit, physical therapy, lumbar fusion, Norco, Gabapentin, Viagra. The utilization review determination was rendered on 11/01/2014 recommending non-certification of Norco 10/325mg #75 and Viagra 50mg #12 x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #75: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: ODG does not recommend the use of opioids for low back "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, medical documents indicate that the patient has been on Norco in excess of the recommended 2-week limit. As such, the request for Norco 10/325mg #75 is not medically necessary.

Viagra 50mg #12 x 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Guideline Clearinghouse

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, Viagra and opioids

Decision rationale: Sildenafil -- Many clinical trials have demonstrated efficacy of sildenafil. In a quantitative meta-analysis of 27 trials in 6659 men with ED, a higher percentage of successful sexual intercourse was achieved with sildenafil compared with placebo (57 versus 21 percent, respectively) [27]. Similar results are seen in men with diabetes [28], and men with prostate cancer who have undergone prostatectomy or radiation therapy [29] (although most effective in those who have undergone nerve-sparing prostatectomy [30]). (See "Erectile dysfunction in diabetes mellitus" and "Radical prostatectomy for localized prostate cancer", section on 'Impotence'.) Men with mild ED and men who do not complain of ED but who have risk factors for ED and IIEF scores <25 may benefit from treatment with sildenafil [31, 32]. Sildenafil also can provide emotional benefits in men with ED [33]. Sildenafil has been reported to benefit the ED associated with or caused by Parkinsonism [6]. For maximum effectiveness, sildenafil should be taken orally on an empty stomach about one hour before a planned sexual encounter. The initial dose should be 50 mg, and it should be reduced to 25 mg if side effects occur. If, on the other hand, it is well tolerated but the erectile response is not fully satisfactory, the dose can be increased to 100 mg. Medical documentation provided indicates that this patient has had long-term opioid use. Studies have linked long term opioid use to erectile dysfunction and hypogonadism. It is unclear as to whether the injured worker's symptoms are related to his lumbar surgery or to his opioid use. Thus, without additional documentation from the treating physician the request is not medically necessary at this time. As such, the request for Viagra 50mg #12 x 1 refill is not medically necessary.

