MAXIMUS Federal Services

Case Number:	CM15-0000048		
Date Assigned:	01/26/2015	Date of Injury:	11/11/2008
Decision Date:	04/07/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Pennsylvania
Certification(s)/Specialty: Internal Medicine

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 54 year old male who sustained an industrial injury on 11/11/2008 due to a fall. Diagnoses include lumbago and lumbar degenerative joint disease, lumbar facet arthropathy, lumbar radiculitis, insomnia secondary to chronic pain, and sexual dysfunction secondary to chronic pain and probably low testosterone level. Treatment has included medications, physical therapy, Transcutaneous Electrical Nerve Stimulation Unit (TENS), spinal cord stimulator, right lumbar medial branch radiofrequency ablation, facet injection, epidural steroid injections, shoulder surgery, lumbar fusion, chiropractic treatment, and acupuncture. The documentation notes that the injured worker has been off work for over a year. He is able to perform driving and walking, but is limited in his capacity for housecleaning and shopping. The documentation states that he has been treated with narcotic analgesics since 2008 including Fentanyl patches about two years thereafter. Oxycontin and norco were noted to be prescribed in 2011. Medications in June of 2014 included fentanyl, oxycontin, and norco. An agreed medical examination (AME) on 12/10/14 documented genitourinary exam findings of normal male genitalia and slight bilateral testicular atrophy. The examining physician noted a multifactorial etiology of erectile dysfunction. The injured worker reported uncontrollable movement, low back pain, mid back pain, difficulty with memory, chronic fatigue, loss of interest, feeling depressed, feelings of hopelessness, difficulty obtaining an erection, worried about his health, irritability, moodiness and feeling stress. The treating physician documented that the injured worker had a psychological evaluation in October 2014 and that cognitive behavior therapy (CBT) was recommended for depression. The injured worker has been treated with Prozac for

depression. A physician progress note dated 12/12/2014 documents the injured worker has a pain level of 7/10. Medications including oxycontin, norco, and fentanyl provided >50% relief of throbbing pain and ability to walk ¼ mile. He continues to have left shoulder pain especially with starting physical therapy and discontinuing use of a sling. Shoulder surgery was done on 9/24/2014. He has a spinal cord stimulator and uses it 15-18 hours a day, and his leg pain is adequately controlled with the spinal cord stimulator. The treating physician is requesting Fentanyl patch 100mcg, #30, Norco 10/325mg #300, and OxyContin 20mg #60, Viagra 50 mg, # 30, and Cognitive Behavioral Treatments x 8. On 12/19/2014 the Utilization Review modified the request for Fentanyl patch 100mcg, #30, to Fentanyl patch 100mcg, # 20, modified the request for Norco 10/325mg #300 to Norco 10/325mg #270, modified the request for OxyContin 20mg #60 to OxyContin 20mg, #40, non-certified the request for Viagra 50mg, # 30, modified the request for Cognitive Behavioral Treatments x 8 to Cognitive Behavioral Treatments x 6. The MTUS and PubMed were cited in the Utilization Review determination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl patch 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter: fentanyl.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Fentanyl has been prescribed for at least 6 months and possibly for several years, and multiple opioids have been prescribed chronically. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. There is no evidence of significant pain relief or increased function from the opioids used to date. The injured worker is not working, and has been off work for over a year; one report noted that he was retired. Activities of daily living are noted to be limited. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients

at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. The Official Disability Guidelines recommend against fentanyl for musculoskeletal pain. As currently prescribed, fentanyl patch does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Norco 10/325mg #300: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96,Postsurgical Treatment Guidelines.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. Norco and oxycontin were noted to be prescribed in 2011, and more current progress reports note that norco has been prescribed since at least June of 2014. Progress notes document treatment with multiple opioid medications. Although some decrease in pain with a combination of opioids was noted, there is no evidence of significant pain relief or increased function from the opioids used to date. The injured worker is not working, and has been off work for over a year; one report noted that he was retired. Activities of daily living are noted to be limited. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, norco does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going opioid management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. There should be a prior failure of non-opioid therapy. None of these aspects of prescribing are in evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies," and chronic back pain. Norco and oxycontin were noted to be prescribed in 2011, and more current progress reports note that norco has been prescribed since at least June of 2014. Progress notes document treatment with multiple opioid medications. Although some decrease in pain with a combination of opioids was noted, there is no evidence of significant pain relief or increased function from the opioids used to date. The injured worker is not working, and has been off work for over a year; one report noted that he was retired. Activities of daily living are noted to be limited. The prescribing physician does not specifically address function with respect to prescribing opioids, and does not address the other recommendations in the MTUS. The MTUS states that a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. There is no evidence that the treating physician has utilized a treatment plan NOT using opioids, and that the patient has failed a trial of non-opioid analgesics. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation does not reflect improvement in pain. Change in activities of daily living, discussion of adverse side effects, and screening for aberrant drug-taking behaviors were not documented. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. There is no record of a urine drug screen program performed according to quality criteria in the MTUS and other guidelines. As currently prescribed, oxycontin does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.

Cognitive behavioral therapy x 8: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Biofeedback, Psychological treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines psychological evaluations and treatment Page(s): 100-102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter: cognitive behavioral therapy (CBT).

Decision rationale: Per the MTUS, psychological evaluations are recommended with selected use in pain problems and the chronic pain populations. Psychological interventions are recommended for appropriately identified patients during treatment of chronic pain. Psychological intervention for chronic pain includes setting goals, determining appropriateness of treatment, conceptualizing a patient's pain beliefs and coping styles, assessing psychological and cognitive function, and addressing co-morbid mood disorders (such as depression, anxiety, panic disorder, and posttraumatic stress disorder). Cognitive behavioral therapy and self-

regulatory treatments have been found to be particularly effective. The ODG states that cognitive behavior therapy for depression is recommended. The ODG states that up to 13-20 visits for psychotherapy over 7-20 weeks are indicated if progress is being made, and in cases of severe major depression or post-traumatic stress disorder, up to 50 sessions are indicated if progress is being made. The injured worker has a diagnosis of depression with documentation of multiple symptoms of depression. He was treated with prozac for depression. The injured worker underwent a psychological evaluation at which time CBT was recommended. As there is still documentation of depression in spite of medication and as the MTUS and ODG recommend CBT, with the number of sessions in accordance with the guidelines, the request for Cognitive behavioral therapy x 8 is medically necessary.

Viagra 50mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.ncbi.nlm.nih.gov/pubmedhealth.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up To Date: Sildenafil: drug information. In Up To Date, edited by Ted. W. Post, published by Up To Date in Waltham, MA, 2015.

Decision rationale: The MTUS and ODG are silent with regard to Viagra. Viagra (sildenafil) is a phosphodiesterase-5 enzyme inhibitor indicated for erectile dysfunction. The usual dose is 50 mg once daily before sexual activity as needed, with a dosing range of 25-100 mg once daily and maximum recommended dose of 100 mg once daily. Viagra is contraindicated with concurrent use of nitrates. The documentation notes that the injured worker had a multifactorial etiology of erectile dysfunction. He underwent genitourinary examination and detailed history for evaluation of the symptoms of erectile dysfunction. He has no contraindication to the use of Viagra. The dose requested is in accordance with the specified dose range. Due to history of erectile dysfunction which has been sufficiently evaluated, the request for Viagra 50mg #30 is medically necessary.