

<b>Case Number:</b>	CM15-0137574		
<b>Date Assigned:</b>	07/27/2015	<b>Date of Injury:</b>	02/01/2005
<b>Decision Date:</b>	08/31/2015	<b>UR Denial Date:</b>	06/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/15/2015

### 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, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old male, who sustained an industrial injury on February 1, 2005. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having pain in joint ankle foot, infection bone ankle/foot, impotence and congenital anomaly lower limb. Treatment to date has included diagnostic studies, surgery, physical therapy and medication. On June 29, 2015, the injured worker complained of chronic bilateral ankle pain. Notes stated that he continues to use Oxycontin and Oxycodone for pain relief. These medications provide 50% reduction in pain. He rated his pain as a 9-10 on a 1-10 pain scale without the medications and as a 5/10 with the medications. He is able to tolerate walking and climbing stairs a little more easily with those medications. The treatment plan included surgery, physical therapy, medication and a follow-up visit. On June 18, 2015, Utilization Review non-certified the request for Oxycodone 20mg #90, Viagra 50mg #10 and one urine drug screen, citing California MTUS Guidelines and other evidence based guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 20mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management Page(s): 78.

**Decision rationale:** MTUS discusses in detail the 4 As of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. The records in this case do not meet these 4As of opioid management and do not provide a rationale or diagnosis overall, for which ongoing opioid use is supported. Therefore, this request is not medically necessary.

**Viagra 50mg #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDE5 Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Discontinuing Opioids Page(s): 79. Decision based on Non-MTUS Citation FDA Approved Labeling Information for Viagra.

**Decision rationale:** Viagra has been prescribed for erectile difficulties without an established etiology in this case. Moreover Viagra is not indicated in its FDA-approved prescribing instructions for erectile dysfunction due to opioid-induced hypogonadism. MTUS recommends discontinuing opioids when a patient has intolerable side-effects, not treating hypogonadism symptoms with a non-approved treatment. This request is not medically necessary.

**Retrospective request: 1 urine drug screen (6/1/15):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Urine drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Urine drug testing (UDT).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 32.

**Decision rationale:** MTUS recommends urine drug testing as an option. A prior physician review concluded that drug testing is not medically necessary because opioids are no longer being prescribed. However, the patient will likely continue for an interim period of time with an opioid taper; screening for potential aberrant behavior during this process may be helpful. Thus this request is medically necessary.