

Case Number:	CM15-0137933		
Date Assigned:	07/27/2015	Date of Injury:	04/18/2009
Decision Date:	08/28/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 18, 2009. In a Utilization Review report dated July 9, 2015, the claims administrator failed to approve requests for Viagra and Lyrica prescribed on June 16, 2015. The applicant's attorney subsequently appealed. On June 16, 2015, the applicant reported ongoing complaints of neck and back pain with ancillary complaints of headaches. The applicant was on Flexeril, Viagra, Zanaflex, Relafen, Norco, and tizanidine, it was reported. The applicant's review of systems was positive for depression, anxiety, psychological stress, mood swings, back pain, neck, pain, fatigue, and altered sleep habits. Lyrica and Viagra were renewed. The applicant was asked to employ a back brace. The attending provider stated that the applicant should use Viagra before sexual activity but did not state whether or not Viagra had proven effective or not. The activities of daily living section of the report stated that the applicant did have difficulty with sexual activity functions and also had some difficulty with bathing, cleaning, cooking, dressing, and driving tasks. The applicant was described as having functional deficits in terms of sitting, standing, walking, lifting, pushing, and pulling, it was reported toward the bottom of the report. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. An earlier note of January 26, 2015 was also notable for commentary that the applicant was on cyclobenzaprine, Viagra, Zanaflex, Relafen, Norco, and tizanidine. The applicant was having difficulty with cooking, driving, and sexual activity, it was reported at this point. A functional restoration program, Viagra, Norco, and tizanidine were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 50 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation rxlist. com.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation <http://www.auanet.org/education/guidelines/erectile-dysfunction>. Cfm. The Management of Erectile Dysfunction (2005) Recommendation: The monitoring of patients receiving continuing phosphodiesterase type 5 inhibitor therapy should include a periodic follow-up of efficacy, side effects, and any significant change in health status including medications. Based on Panel consensus.

Decision rationale: No, the request for Viagra, a 5 phosphodiesterase inhibitor, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it had been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. The American Urologic Association also notes that applicants on 5 phosphodiesterase inhibitor therapy should be periodically followed up upon to determine efficacy, side effects, and/or any significant changes or alteration in health status. Here, however, the attending provider's progress note of June 16, 2015 did not explicitly state whether or not ongoing usage of Viagra was or was not proving effective. The Activities of Daily Living section of that particular note stated that the applicant was "unable to complete" sexual activity, suggesting that ongoing usage of Viagra was not, in fact, proving particularly efficacious here. Therefore, the request is not medically necessary.

Lyrica 50 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 99.

Decision rationale: Similarly, the request for Lyrica, an anticonvulsant adjuvant medication, is likewise not medically necessary, medically appropriate, or indicated here. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that pregabalin or Lyrica is FDA approved in the treatment of postherpetic neuralgia, diabetic neuropathy, fibromyalgia, and, by analogy, neuropathic pain complaints in general, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant's work status was not clearly detailed on the June 16, 2015 progress note at issue. The applicant reported difficulty performing activities of daily living as basic as bathing, cleaning, cooking, dressing, driving, sitting, standing, walking, lifting, pushing, and pulling, it was reported on that date. Ongoing usage of Lyrica seemingly failed to curtail the applicant's dependence on

opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792. 20e, despite ongoing usage of Lyrica. Therefore, the request is not medically necessary.