

Case Number:	CM15-0143003		
Date Assigned:	08/04/2015	Date of Injury:	07/15/2006
Decision Date:	09/24/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/23/2015

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: California, Hawaii
 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 54 year old male, who sustained an industrial injury on 7-15-2006. The current diagnoses are cervical post laminectomy syndrome, myofascial pain, and chronic pain syndrome. According to the progress report dated 6-12-2015, the injured worker complains of head and neck pain. The pain is described as achy, shooting, throbbing, tingling, radiating, numbing, pressure, and deep. On a subjective pain scale, he rates his current pain as 6 out of 10, least reported pain over the period since last assessment 5 out of 10, average pain 8 out of 10, and intensity of pain after taking opioids is 5 out of 10. The physical examination of the cervical spine reveals decreased, painful, and guarded range of motion. The current medications are Zoloft, Vistaril, Nucynta, Viagra, and Gralise. Per notes, his current medication regimen allowed him to increase function and return to work. On 3-9-2015, Percocet was discontinued due to being ineffective, and Nucynta was initiated. According to the PR-2 from 3-31-2015, Vistaril were prescribed. Treatment to date has included medication management, MRI studies, electrodiagnostic testing, cognitive behavioral therapy, and surgical intervention. The injured worker returned to modified duty on 1-13-2015 with restrictions. A request for Vistaril, Nucynta, and Viagra has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vistaril Cap 25mg #50: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG online, Pain, Hydroxyzine.

Decision rationale: The patient presents with pain affecting the head and neck. The current request is for Vistaril Cap 25mg #50. The treating physician report dated 7/15/15 (8B) provides no rationale for the current request. The ODG guidelines on hydroxyzine state, "it is an adjunct medication used for insomnia and restlessness when weaning opiates. Antihistamines like hydroxyzine are used to treat anxiety, over the use of benzodiazepines, which have sedation effects and potential for abuse and psychological dependence." In this case, there is no evidence in the documents provided that shows the patient is being weaned off of opiates. Furthermore, there is a lack of documentation that the patient currently suffers from insomnia and the treating physician does not discuss the medication's efficacy as required by the MTUS guidelines page 60. The current request does not satisfy the ODG or MTUS guidelines. The current request is not medically necessary.

Nucynta Tab 75mg #90: Overturned

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

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

Decision rationale: The patient presents with pain affecting the head and neck. The current request is for Nucynta Tab 75mg #90. The treating physician report dated 7/15/15 (9B) states, "With regard to the Nucynta medication he indicates this is very helpful to decrease pain and allows for increased function." MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Nucynta since at least 3/9/15 (92B). The report dated 10/28/14 notes that the patient's pain has decreased from 8/10 to 6/10 while on current medication. No adverse effects or adverse behavior was noted by patient. The patient's ADL's have improved and the patient's score on the Oswestry Disability index is 16% lower with medication. The patient's last urine drug screen was consistent and the physician has a signed pain agreement and CURES report on file as well. The continued use of Nucynta has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. The current request is medically necessary.

Viagra Tab 50mg #3: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Erectile Dysfunction Policy Number: 0007.

Decision rationale: The patient presents with pain affecting the head and neck. The current request is for Viagra Tab 50mg #3. The treating physician report dated 7/15/15 (11B) provides no rationale for the current request. The MTUS and ACOEM guidelines do not address the current request. The ODG guidelines states that etiology of decreased sexual function is multifactorial including chronic pain itself, decreased testosterone that occurs with aging; as a side effects from other medications used to treat pain; and due to comorbid conditions such as diabetes, HTN and vascular disease. Under Sexual function, ODG states "trials of testosterone replacement in patients with documented low testosterone levels have shown a moderate non-significant and inconsistent effect of testosterone on erectile function, a large effect on libido, and no significant effect on overall sexual satisfaction." The use of Viagra is not mentioned in ODG. However, AETNA guidelines under erectile dysfunction considers Viagra lifestyle enhancement or performance and exclude it under pharmacy benefit. In this case, there is limited documentation that shows the patient suffers from erectile dysfunction. Furthermore, hypogonadism / low testosterone level as well as co-morbid condition has not been considered or treated. Additionally, Viagra is considered a lifestyle/performance enhancement and AETNA does not support it. The current request is not medically necessary.