

<b>Case Number:</b>	CM15-0149062		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	03/25/2013
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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

Certification(s)/Specialty: Emergency 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 47 year old male who sustained an industrial injury on 03-25-2013. He reported an intense onset of lower back pain. He was diagnosed with lumbosacral strain. Treatment to date has included physical therapy, medications and chiropractic care. MRI of the lumbar spine showed multilevel disc bulging at L3-L4 with multilevel facet arthrosis. According to a progress report dated 06-04-2015, the injured worker was seen for a follow-up of lower back pain with sacroiliac joint osteoarthritis. He denied changes in his pain. He continued to have pain with associated numbness and tingling in the sacroiliac region. He also had lower back pain with radicular symptoms into his bilateral lower extremities, left greater than right. Pain was made better with changing positions and medications. He completed 6 sessions of chiropractic treatment with 20% relief that lasted for one week. These provided him the functional benefit of decreased tension allowing him to be more active. He continued to utilize Naproxen as an anti-inflammatory when needed and Protonix for gastrointestinal protection with the use of Naproxen. He also used Viagra for erectile dysfunction secondary to chronic pain. He denied any side effects with the use of his medications. Current medications included Naproxen-Sodium-Anaprox, Pantoprazole-Protonix and Viagra. Medications provided ongoing pain relief as well as functional benefit. Since he was paying out of pocket for Viagra, the provider was going to prescribe Sildenafil instead. Physical examination did not demonstrate any abnormal findings. Diagnoses included lumbar disc displacement without myelopathy, disorders sacrum, sciatica and spondylosis lumbosacral. The treatment plan included discontinuation of Viagra. Prescriptions were given for Sildenafil 20 mg #15, Naproxen Sodium-Anaprox 550 mg #90 and Pantoprazole-Protonix 20 mg #60. He was to return for follow up in 4 weeks. Work restrictions included: alternating between sitting and standing as needed by pain with no lifting greater than

30 pounds. If modified duty could not be provided, he would remain temporarily totally disabled. Currently under review is the request for Sildenafil 20 mg #15, Naproxen Sodium (Anaprox) 550 mg #90 and Pantoprazole (Protonix) 20 mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Sildenafil 20mg #15: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chou, Roger, et al. "The effectiveness and risks of long-term opioid treatment of chronic pain" (2014).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate Evaluation of male sexual dysfunction.

**Decision rationale:** The requested Sildenafil 20mg #15 is not medically necessary. CA MTUS and ODG are silent on this issue. As a second tier reference, UpToDate Evaluation of male sexual dysfunction, provide sample guidelines for the evaluation of erectile dysfunction, which should direct treatment options. The injured worker has continued to have pain with associated numbness and tingling in the sacroiliac region. He also had lower back pain with radicular symptoms into his bilateral lower extremities, left greater than right. Pain was made better with changing positions and medications. He completed 6 sessions of chiropractic treatment with 20% relief that lasted for one week. These provided him the functional benefit of decreased tension allowing him to be more active. He continued to utilize Naproxen as an anti-inflammatory when needed and Protonix for gastrointestinal protection with the use of Naproxen. He also used Viagra for erectile dysfunction secondary to chronic pain. He denied any side effects with the use of his medications. Current medications included Naproxen-Sodium-Anaprox, Pantoprazole-Protonix and Viagra. Medications provided ongoing pain relief as well as functional benefit. Since he was paying out of pocket for Viagra, the provider was going to prescribe Sildenafil instead. Physical examination did not demonstrate any abnormal findings. The treating physician did not document genitourinary symptoms or exam findings, testosterone levels, any derived functional benefit from any previous use, nor rule out other causes of erectile dysfunction. The criteria noted above not having been met, Sildenafil 20mg #15 is not medically necessary.

#### **Naproxen Sodium (Anaprox) 550mg #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Naproxen Sodium (Anaprox) 550mg #90 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted". The injured worker has continued to have pain with associated numbness and tingling in the sacroiliac

region. He also had lower back pain with radicular symptoms into his bilateral lower extremities, left greater than right. Pain was made better with changing positions and medications. He completed 6 sessions of chiropractic treatment with 20% relief that lasted for one week. These provided him the functional benefit of decreased tension allowing him to be more active. He continued to utilize Naproxen as an anti-inflammatory when needed and Protonix for gastrointestinal protection with the use of Naproxen. He also used Viagra for erectile dysfunction secondary to chronic pain. He denied any side effects with the use of his medications. Current medications included Naproxen-Sodium-Anaprox, Pantoprazole-Protonix and Viagra. Medications provided ongoing pain relief as well as functional benefit. Since he was paying out of pocket for Viagra, the provider was going to prescribe Sildenafil instead. Physical examination did not demonstrate any abnormal findings. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, or hepatorenal lab testing. The criteria noted above not having been met, Naproxen Sodium (Anaprox) 550mg #90 is not medically necessary.

**Pantoprazole (Protonix) 20mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The requested Pantoprazole (Protonix) 20mg #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors". The injured worker has continued to have pain with associated numbness and tingling in the sacroiliac region. He also had lower back pain with radicular symptoms into his bilateral lower extremities, left greater than right. Pain was made better with changing positions and medications. He completed 6 sessions of chiropractic treatment with 20% relief that lasted for one week. These provided him the functional benefit of decreased tension allowing him to be more active. He continued to utilize Naproxen as an anti-inflammatory when needed and Protonix for gastrointestinal protection with the use of Naproxen. He also used Viagra for erectile dysfunction secondary to chronic pain. He denied any side effects with the use of his medications. Current medications included Naproxen-Sodium-Anaprox, Pantoprazole-Protonix and Viagra. Medications provided ongoing pain relief as well as functional benefit. Since he was paying out of pocket for Viagra, the provider was going to prescribe Sildenafil instead. Physical examination did not demonstrate any abnormal findings. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Pantoprazole (Protonix) 20mg #60 is not medically necessary.