

Case Number:	CM15-0181780		
Date Assigned:	09/23/2015	Date of Injury:	04/01/2010
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/15/2015

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: 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 43 year old male who sustained an industrial injury on 04-01-2010. According to a handwritten partially legible handwritten progress report dated 08-18-2015, subjective complaints included right shoulder pain. Intensity of pain was rated 5 on a scale of 0-10 and described as moderate, frequent, dull, sharp, and achy and soreness. Cervical spine pain with right upper extremity "radic" was rated 7 and described as moderate, constant, numbness, weakness, achy and soreness. Review of systems was positive for joint pain and muscle spasm. Past surgeries included the right shoulder. Objective findings included cervical spine tender paraspinals, right trapezius with spasm, positive compress, decreased sensory right second and 4th finger, Deep tendon reflexes were plus 2 in the bilateral biceps, triceps and brachia. Motor was 5 out of 5 in the bilateral upper extremities. Positive impingement of the right shoulder and decreased range of motion was noted. Diagnoses included status post right shoulder scope, rotator cuff repair in December 2014, cervical spine sprain strain, right upper extremity "radic" C6-C7 and MRI in 2014 showing 5 millimeter disc osteophyte C6-7, multilevel osteophytes with mild to moderate stenosis C4 to C6. No medications were listed under current medications. The injured worker was prescribed Norco and Viagra. There was no indication how long the injured worker had been taking Norco and Viagra or if this was a new prescription. This was the only progress report submitted for review. Work status included modified work of no lifting over 30 pounds, no forceful pushing or pulling (right) and no over shoulder overhead work (right). On 08-25-2015, Utilization Review non-certified the request for Norco 7.5-325 mg 1 by mouth every 12 hours as needed #60 and Viagra 100 mg 1 by mouth everyday as needed #10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg 1 by mouth every 12 hours as needed, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The current request is for Norco 7.5/325MG 1 by mouth every 12 hours as needed, #60. Treatment history include right shoulder scope, rotator cuff repair in December 2014, physical therapy, injections, and medications. The patient may return to modified duty. MTUS, criteria for use of opioids section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 08/18/15, the patient presents with neck pain with right upper extremity radiculopathy. Pain is rated 7/10. Examination revealed tenderness in the right trapezius with spasm, positive compress test, decreased sensory in the right 2nd and 4th finger, deep tendon reflexes were +2 in the bilateral biceps, triceps and brachia. Motor is 5 out of 5 in the bilateral upper extremities. Positive impingement of the right shoulder and decreased range of motion was noted. This is the only progress report provided for review. There is no indication of how long the patient has been taking Norco or if this is a new prescription. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.

Viagra 100mg 1 by mouth everyday as needed, #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.nlm.nih.gov/medlineplus/druginfo/meds/a699015.html>.

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

Decision rationale: The current request is for VIAGRA 100MG 1 BY MOUTH EVERYDAY AS NEEDED, #10. Treatment history include right shoulder scope, rotator cuff repair in December 2014, physical therapy, injections, and medications. The patient may return to modified duty. The MTUS, ACOEM and ODG Guidelines do not discuss Viagra specifically. Aetna Guidelines, Clinical Policy Bulletin: Erectile Dysfunction and Policy Number: 0007, require comprehensive physical examination and lab work for a diagnosis of erectile dysfunction including medical, sexual, and psychosocial evaluation. Per report 08/18/15, the patient presents with neck pain with right upper extremity radiculopathy. Pain is rated 7/10. Examination revealed tenderness in the right trapezius with spasm, positive compress test, decreased sensory in the right 2nd and 4th finger, deep tendon reflexes were +2 in the bilateral biceps, triceps and brachia. Motor is 5 out of 5 in the bilateral upper extremities. Positive impingement of the right shoulder and decreased range of motion was noted. This is the only progress report provided for review. It is not clear if this is the first prescription for this medication or if the patient has taken Viagra before. The treater does not discuss the purpose of the medication or its efficacy. Additionally, there is no documentation of erectile dysfunction. There are no laboratory tests documenting patient's testosterone levels; no medical or psychosocial evaluation as required by the Guidelines. Some guidelines such as the AETNA consider life-enhancing medications not medically necessary. This request is not medically necessary.