

<b>Case Number:</b>	CM15-0187483		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	05/15/2003
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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  
 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 49 year old male, who sustained an industrial injury on 5-15-03. The injured worker has complaints of pain across the lumbar spine, thoracic spine and in the midline of in the lower back area radiating into both lower extremities right greater than left. The documentation on 8-21-15 noted that the injured worker has gone from 269 pounds to 239 pounds in the past couple months and with losing weight it has improved his blood pressure and his pack pain is much more manageable. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified; lumbosacral spondylosis without myelopathy; lumbago and lumbar radiculopathy. Treatment to date has included lumbar spine surgery L4-S1 (sacroiliac) on 3-2-10; home exercise program; toradol shots in the past with significant relief; diazepam for spasms; percocet for pain and viagra for erectile dysfunction. The documentation on 8-21-15 noted that the ROM in his back seems to have improved considerable compared to months ago, with thinking the swimming has been very helpful for him. The original utilization review (9- 11-15) denied the request for diazepam 10mg #30; oxycodone-acetaminophen 10-325mg (quantity unknown) quantity, 1 and viagra 100mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Diazepam 10mg #30:** 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): Benzodiazepines.

**Decision rationale:** The request for Diazepam 10mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are, "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has pain across the lumbar spine, thoracic spine and in the midline of in the lower back area radiating into both lower extremities right greater than left. The documentation on 8-21-15 noted that the injured worker has gone from 269 pounds to 239 pounds in the past couple months and with losing weight it has improved his blood pressure and his pack pain is much more manageable. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified; lumbosacral spondylosis without myelopathy; lumbago and lumbar radiculopathy. Treatment to date has included lumbar spine surgery L4-S1 (sacroiliac) on 3-2-10; home exercise program; toradol shots in the past with significant relief; diazepam for spasms; percocet for pain and viagra for erectile dysfunction. The documentation on 8-21-15 noted that the ROM in his back seems to have improved considerable compared to months ago, with thinking the swimming has been very helpful for him. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Diazepam 10mg #30 is not medically necessary.

**Oxycodone-Acetaminophen 10/325mg (QTY unknown) QTY: 1: 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): Opioids for chronic pain.

**Decision rationale:** The request for Oxycodone-Acetaminophen 10/325mg (QTY unknown) QTY: 1, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain across the lumbar spine, thoracic spine and in the midline of in the lower back area radiating into both lower extremities right greater than left. The documentation on 8-21-15 noted that the injured worker has gone from 269 pounds to 239 pounds in the past couple months and with losing weight it has improved his blood pressure and his pack pain is much more manageable. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified; lumbosacral spondylosis without myelopathy; lumbago and lumbar radiculopathy. Treatment to date has included lumbar spine surgery L4-S1 (sacroiliac) on 3-2-10; home exercise program; toradol shots in the past with significant relief; diazepam for

spasms; percocet for pain and viagra for erectile dysfunction. The documentation on 8-21-15 noted that the ROM in his back seems to have improved considerable compared to months ago, with thinking the swimming has been very helpful for him. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycodone-Acetaminophen 10/325mg (QTY unknown) QTY: 1 is not medically necessary.

**Viagra 100mg #30:** 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 Up To Date Evaluation of male sexual dysfunction.

**Decision rationale:** The request for Viagra 100mg #30, is not medically necessary. CA MTUS and ODG are silent on this issue. As a second tier reference, Up To Date Evaluation of male sexual dysfunction, provide sample guidelines for the evaluation of erectile dysfunction, which should direct treatment options. The injured worker has pain across the lumbar spine, thoracic spine and in the midline of in the lower back area radiating into both lower extremities right greater than left. The documentation on 8-21-15 noted that the injured worker has gone from 269 pounds to 239 pounds in the past couple months and with losing weight it has improved his blood pressure and his pack pain is much more manageable. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified; lumbosacral spondylosis without myelopathy; lumbago and lumbar radiculopathy. Treatment to date has included lumbar spine surgery L4-S1 (sacroiliac) on 3-2-10; home exercise program; toradol shots in the past with significant relief; diazepam for spasms; percocet for pain and viagra for erectile dysfunction. The documentation on 8-21-15 noted that the ROM in his back seems to have improved considerable compared to months ago, with thinking the swimming has been very helpful for him. 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, Viagra 100mg #30 is not medically necessary.