

Case Number:	CM15-0193936		
Date Assigned:	10/08/2015	Date of Injury:	06/04/2009
Decision Date:	11/16/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/05/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58 year old male, who sustained an industrial injury on 12-04-2006. Work status not noted in received medical records. Medical records indicated that the injured worker is undergoing treatment for displacement of cervical intervertebral disc without myelopathy, brachial neuritis, cervical spondylosis without myelopathy, and C5-C6 and C6-C7 cervical anterior cervical discectomy and fusion. Treatment and diagnostics to date has included physical therapy, home exercise program, and medications. Recent medications have included Norco and Percocet. After review of the most recent progress notes provided (dated 02-02-2015 and 03-12-2015), the injured worker presented status post L4-5 and L5-S1 fusion "2 years ago". Objective findings included tenderness to cervical, thoracic, and lumbar spine, "neuro intact", and "gait normal". The Utilization Review with a decision date of 09-16-2015 modified the request for Viagra one tablet one hour prior to activity #20 with two refills and Norco 10-325mg #68; take one tablet every 12 hours as needed to Viagra one tablet one hour prior to activity #20 without refills and Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra one tablet one hour prior to activity #20, 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosbys Drug Consult.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: According to the MTUS guidelines, chronic opioid use can lead to low testosterone levels and potentially a decline in libido and erectile dysfunction. Testosterone replacement may be appropriate in those with Hypogonadism. In this case, there is no indication of a low testosterone. The term sexual dysfunction as described in the chart is vague. The use of Viagra is for erectile dysfunction. The chart information does not relate the disorder to the injury or use of medications. Future need cannot be justified. Viagra with 2 refills, therefore, is not medically necessary.

Norco 10/325mg #68, take 1 tablet every 12 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

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

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long-term use has not been supported by any trials. In this case, the claimant had been on Norco for an unknown length of time. There was no mention of Tylenol, NSAID, Tricyclic or weaning failure. The continued use of Norco is not medically necessary.