

Case Number:	CM15-0199432		
Date Assigned:	10/14/2015	Date of Injury:	02/20/1998
Decision Date:	12/01/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/09/2015

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: Texas, 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:

This is a 58 year old male patient, who sustained an industrial injury on 02-20-1998. He has reported injury to the low back. The diagnoses have included low back pain; lumbar degenerative disc disease; and bilateral lumbar radiculopathy. Per the progress note from the treating physician, dated 09-18-2015, he had complaints of low back pain, bilateral hip, buttock, and leg pain, as well as muscle spasms in the low back and legs. He stated his medications help him to function and continue his activities of daily living and requested renewal of his Viagra. He stretches, walks, and uses heat and ice; he has had physical therapy in the past with minimal relief; his spinal cord stimulator runs around 90% of the time; the combination of Oxycontin and Dilaudid reduce his pain around 50%; and with medications, his pain was reduced from a 10 out of 10 in intensity to around a 5 out of 10 in intensity. Objective findings revealed alert and oriented; some difficulty sitting comfortably; lumbar spine- tender to palpation over the scar only; lumbar pain with extension and rotation; marked tenderness over the bilateral sacroiliac joints; Faber's test, restricted abduction and distraction test all reproduce sacroiliac pain; marked leg length discrepancy; and decreased motor strength at 4 out of 5 in the bilateral lower extremities. Medications have included Oxycontin, Dilaudid, Zanaflex, Senokot, Viagra, and Omeprazole. Treatments have included medications, diagnostics, physical therapy, and spinal cord stimulator. The treatment plan has included the request for Oxycontin 60 mg quantity 90; and Viagra 100 mg quantity 10. The original utilization review, dated 09-24-2015, modified the request for Oxycontin 60 mg quantity 90, to Oxycontin 60 mg quantity 30; and non-certified the request for Viagra 100 mg quantity 10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60 mg Qty 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain(updated 10/09/15)Urine drug testing (UDT).

Decision rationale: According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. The response to anticonvulsants and antidepressants or low potency opioid for chronic pain is not specified in the records provided. Per the cited guidelines regarding opioid dosing "Recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose." Patient is taking a morphine equivalent dose which is greater than that recommended by the cited criteria. Per the cited guidelines "If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence." A recent urine drug screen report is not specified in the records provided. This patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Oxycontin 60 mg Qty 90 is not established for this patient, based on the clinical information submitted for this review and the peer reviewed guidelines referenced. If this medication is discontinued, the medication should be tapered, according to the discretion of the treating provider, to prevent withdrawal symptoms.

Viagra 100 mg Qty 10: 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 Thompson MicromedexFDA labeled indication for Sildenafil.

Decision rationale: This is a request for Viagra which contains Sildenafil. It is used in the treatment of erectile dysfunction and pulmonary hypertension. Per the Thompson Micromedex FDA labeled indications for the Sildenafil includes "erectile dysfunction and pulmonary hypertension." A detailed history and examination, and laboratory tests, related to erectile dysfunction are not specified in the records provided. Evidence of pulmonary hypertension is not specified in the records provided. The medical necessity of Viagra 100 mg Qty 10 is not fully established for this patient at this time.