

<b>Case Number:</b>	CM15-0206946		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/27/2004
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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 48 year old male, who sustained an industrial injury on 10-27-2004. A review of the medical records indicates that the worker is undergoing treatment for thoracic or lumbosacral radiculopathy, myalgia and myositis, degenerative disc disease of the lumbar spine, chronic pain due to trauma, failed back surgery syndrome of the lumbar region, sacroilitis and impotence of organic origin. Treatment has included Norco (since at least 2013), Viagra (since at least 02-18-2015), Thermacare (since at least 02-18-2015), Lyrica, Flector patch, Lidocaine cream, physical therapy and a home exercise program. Subjective complaints (07-07-2015, 08-06-2015 and 09-09-2015) included moderate worsening low back pain radiating to the bilateral lower extremities. Pain with medications was rated as 5-7 out of 10, pain without medications was rated as 10 out of 10 and average pain was rated as 7-9 out of 10. Norco was noted to reduce pain from 10 out of 10 to 6 out of 10 and to allow the worker to be more active with activities of daily living. Viagra was noted to be effective but there was no further detail given. Objective findings (07-07-2015, 08-06-2015 and 09-09-2015) included an antalgic gait, tenderness of the lumbar spinous, paraspinous, piriformis, quadratus, sciatic notch and gluteals, painful sacroiliac joints, positive bilateral straight leg raise and decreased range of motion of the lumbar spine. Without medications the injured worker was noted to stay in bed and to feel hopeless about life and with medications the injured worker was noted to be able to get dressed in the morning, complete minimal activities at home and contact friends via phone or email. The Oswestry disability index score did not change significantly and was last documented as 52% indicating severe disability. A utilization review dated 10-06-2015 non-certified requests for Viagra 100 mg #10, Thermacare #115 and Norco 10-325 mg #180.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Viagra 100mg, #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 Montague DK, Jarow JP, Broderick GA, Dmochowski RR, Heaton JP, Lue TF, Milbank AJ, Nehra A, Sharlip ID, Erectile Dysfunction Guideline Update Panel. The management of erectile dysfunction: an update. Linthicum (MD): American Urologic Association Education and Research, Inc.; 2006 May.

**Decision rationale:** Viagra and other treatment of impotence is not a topic that is covered by the MTUS Chronic pain, ACOEM guidelines or Official Disability Guidelines. National guidelines were reviewed instead. As per guidelines by the American Urologic Association, initial management of impotence should begin with management and identification of organic comorbidities and psychosocial dysfunctions before usage of medications such as Viagra. There is no appropriate documentation of conservative treatment or management before usage of medications. Patient has not yet been seen by a urologist. Documentation states that an appointment has been scheduled. Without urological consultation or more documentation of conservative care, Viagra is not medically necessary.

### **Thermacare #115: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Initial Care, Summary.

**Decision rationale:** As per ACOEM guidelines, heat may be considered as initial care for back injuries. However, this can be done with any basic reusable heating pad/bottle available anywhere. It is unclear from documentation why a specific chemically heated heating pad was needed. The request for Thermacare is not medically necessary.

### **Norco 10/325mg, #180: Overturned**

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

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

**Decision rationale:** Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation meets criteria for recommendation. Patient has chronic back pain undergoing treatment. There is appropriate documentation of improvement in pain and ADLs with current pain regiment. There is documentation of appropriate screening and prior

failed attempt at weaning. Patient has noted benefit from current opioid therapy. While weaning should be considered, current treatment meets criteria for recommendation. The request for Norco is medically necessary.