

Case Number:	CM15-0026612		
Date Assigned:	02/19/2015	Date of Injury:	01/29/2014
Decision Date:	03/31/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/12/2015

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: Florida

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 60 year old male with an industrial injury dated 01/29/2014. His diagnoses include closed dislocation of the acromioclavicular (AC) joint, and subacromial impingement of the left shoulder. Recent diagnostic testing (per the utilization review report) has included x-rays of the left shoulder (01/30/2014) showing probable chronic left acromioclavicular separation, x-rays of the cervical spine (01/30/2014) showing multilevel degenerative disc disease, left arthrogram of the left shoulder (04/22/2014) that was unremarkable, x-ray of the lumbar spine (06/19/2014) showing scoliosis with mild degenerative changes, x-rays of the cervical spine (06/19/2014) showing severe and mild multilevel disc height loss and mild facet arthropathy, MRI of the left shoulder (06/19/2014) showing repair of the biceps tendon without complication, mild tendinosis of the distal rotator cuff without tear and chronic acromioclavicular (AC) joint separation, and CT arthrogram of the left shoulder (08/07/2014) showing no labral tear or full thickness rotator cuff tear. Previous treatments have included conservative care, medications, injections and physical therapy. In a progress note dated 01/22/2015, the treating physician reports left shoulder pain with decreased mobility, joint tenderness and nocturnal pain and tingling in the arm. The objective examination revealed deformities in the left AC joint on palpation with tenderness and crepitus. The injured worker's allergies consisted of acetaminophen (Vicodin), hydrocodone (Vicodin), bitartrate and latex. The treating physician is requesting medications which were denied by the utilization review. On 01/30/2015, Utilization Review non-certified a prescription for Sildenafil 20mg #30, noting the absence of documented erectile dysfunction and diagnosis. Non-MTUS Guidelines were

cited. On 01/30/2015, Utilization Review non-certified a prescription for Tylenol #4 (300/60mg) #56, noting the lack of continued analgesia, continued functional benefit, or lack of adverse side effects, that the injured worker had allergies to acetaminophen (Vicodin), hydrocodone (Vicodin), and that taking both medications concurrently can place the injured worker in danger of liver damage from APAP toxicity. The MTUS Guidelines were cited. On 01/30/2015, Utilization Review non-certified a prescription for hydrocodone/acetaminophen 10/325mg #60, noting the lack of continued analgesia, continued functional benefit, or lack of adverse side effects, that the injured worker had allergies to acetaminophen (Vicodin), hydrocodone (Vicodin), and that taking both medications concurrently can place the injured worker in danger of liver damage from APAP toxicity. The MTUS Guidelines were cited. On 02/12/2015, the injured worker submitted an application for IMR for review of Sildenafil 20mg #30, Tylenol #4 (300/60mg) #56, and hydrocodone/acetaminophen 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sildenafil 20mg, QTY: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/15924597>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MANAGEMENT OF ERECTILE DYSFUNCTION. JOEL J. HEIDELBAUGH, MD, University of Michigan, Ann Arbor, Michigan Am Fam Physician. 2010 Feb 1;81(3):305-312. AAFP - American Academy of Family Physicians

Decision rationale: Sildenafil is a medication that is used in the treatment of erectile dysfunction and in the treatment of pulmonary hypertension. A review of this patient's medical records did not find mention of either diagnosis. Since one medication list does state that this medication is to be taken 30 minutes before sexual activity, it can be assumed that it is being taken for erectile dysfunction, but this is not known for certain. This patient does have multiple risk factors for erectile dysfunction, and stating that his erectile dysfunction is secondary to his work man's comp condition may be a bit of a stretch. Likewise, this request is not considered medically necessary.

Tylenol #4 (300/50mg) QTY: 56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list; Weaning of.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115. Page(s): Criteria for use of opioids, page(s) 110-.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has

improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Guidelines 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. Regarding this patient's case, there is no objective evidence of functional improvement with this chronic narcotic medication. Likewise, this request is not considered medically necessary.

Hydrocodone/Acetaminophen 10/325mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list; Weaning of.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids, page(s) 110-115. Page(s): Criteria for use of opioids, page(s) 110-.

Decision rationale: Criteria for use of opioids, page(s) 110-115. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Guidelines also 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. Regarding this patient's case, no objective evidence of functional improvement is documented with the use of this chronic narcotic medication. Likewise, this request is not considered medically necessary.