

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0032149 |                              |            |
| <b>Date Assigned:</b> | 02/25/2015   | <b>Date of Injury:</b>       | 12/23/1999 |
| <b>Decision Date:</b> | 04/13/2015   | <b>UR Denial Date:</b>       | 02/04/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/20/2015 |

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 63 year old male, who sustained an industrial injury on December 23, 1999. The diagnoses have included failed back syndrome with fusion of L5-S1, chronic pain syndrome, lumbosacral spondylosis without myelopathy, anxiety disorder, other testicular hypofunction, and degeneration of lumbar or lumbosacral intervertebral disc. Treatment to date has included transforaminal epidural steroid injection (ESI), surgical intervention, physical therapy, activity modification, and medications. Currently, the injured worker complains of low back pain with radicular right leg pain. The Treating Physician's review dated January 22, 2015, noted flattening of the normal lumbar lordosis, with pain noted on the right side of the back/lower lumbar, with the SI joints tender on the right side. The Physician noted the injured worker suffered from chronic pain syndrome secondary to degeneration of the lumbosacral vertebral disc and lumbosacral spondylosis, complicated by mild obesity and failed back syndrome, with the pain well controlled pharmaceutically. On February 4, 2015, Utilization Review non-certified Percocet 10/325mg #90, Opana ER #60, Viagra 100mg #6, and Cyclobenzaprine 10mg #60, noting there was no documentation of quantifiable pain reduction, functional improvement, aberrant behavior, or a urine drug screen for the requested Percocet, Opana, or the Cyclobenzaprine, and no documentation of a workup or sufficient and well documented reason for the erectile dysfunction for the requested Viagra. The MTUS Chronic Pain Medical Treatment Guidelines and non-MTUS guidelines were cited. On February 20, 2015, the injured worker submitted an application for IMR for review of Percocet 10/325mg #90, Opana ER #60, Viagra 100mg #6, and Cyclobenzaprine 10mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Percocet 10/325mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-94.

**Decision rationale:** The patient presents with pain affecting the low back with radiation down right leg. The current request is for Percocet 10/325mg #90. The treating physician report dated 1/22/15 (94B) states, Patient reports current medication use is stable and adequate and providing good pain relief. The medication is increasing functionality and quality of life. MTUS pages 88 and 89 states document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). Reports provided show the patient has been taking Percocet since at least 08/14/14. The report dated 1/22/15 states, He is staying active with the assistance of pain medications and reports he eats and sleeps well. No adverse effects or adverse behavior were noted by patient. The treating physician documents the patient's pain level as 4-6/10 while on current medication. Medical reports provided show the patient's last urine drug screen (8/14/14) was consistent with his prescription therapy and the patient is under a narcotic contract with the treating physician's office. The continued use of Percocet has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. Recommendation is for authorization.

### **Opana E R#60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-94.

**Decision rationale:** The patient presents with pain affecting the low back with radiation down right leg. The current request is for Opana E R#60. The treating physician report dated 1/22/15 (94B) states, Patient reports current medication use is stable and adequate and providing good pain relief. The medication is increasing functionality and quality of life. MTUS pages 88 and 89 states document pain and functional improvement and compare to baseline. Satisfactory response

to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). Reports provided show the patient has been taking Opana since at least 08/14/14. The report dated 1/22/15 states, He is staying active with the assistance of pain medications and reports he eats and sleeps well. No adverse effects or adverse behavior were noted by patient. The treating physician documents the patient's pain level as 4-6/10 while on current medication. Medical reports provided show the patient's last urine drug screen (8/14/14) was consistent with his prescription therapy and the patient is under a narcotic contract with the treating physician's office. The continued use of Opana has improved the patient's symptoms and has allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patients pain level has been monitored upon each visit and functional improvement has been documented. Recommendation is for authorization.

**Viagra 100mg #6:** 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 ODG Sexual Function.

**Decision rationale:** The patient presents with pain affecting the low back with radiation down right leg. The current request is for Viagra 100mg #6. The treating physician report dated 1/22/15 (94B) states, provides no rationale for the current request. Medical reports provided show the patient has been taking Viagra since at least 8/14/14. Regarding erectile dysfunction, the MTUS, ACOEM do not discuss it. ODG guidelines states that etiology of decreased sexual function is multifactorial including chronic pain itself, decreased testosterone that occurs with aging; as a side effects from other medications used to treat pain; and due to comorbid conditions such as diabetes, HTN and vascular disease. Under Sexual function, ODG states "trials of testosterone replacement in patients with documented low testosterone levels have shown a moderate non-significant and inconsistent effect of testosterone on erectile function, a large effect on libido, and no significant effect on overall sexual satisfaction." The use of Viagra is not mentioned in ODG. However, AETNA guidelines under erectile dysfunction consider Viagra lifestyle enhancement or performance and exclude it under pharmacy benefit. Medical reports provided note that the patient was diagnosed with Hypogonadism and erectile dysfunction. In this case, while the patient does suffer from Hypogonadism and erectile dysfunction there is no evidence that the patient has failed a trial of testosterone replacement therapy. The patient's erectile dysfunction has not been thoroughly worked-up and hypogonadism/low testosterone level as well as co-morbid condition has not been considered or treated. Furthermore, Viagra is also considered a lifestyle/performance enhancement and is not supported by the AETNA guidelines. Recommendation is for denial.

**Cyclobenzaprine 10mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The patient presents with pain affecting the low back with radiation down right leg. The current request is for Cyclobenzaprine 10mg #60. The treating physician report dated 1/22/15 (94B) states, Patient reports current medication use is stable and adequate and providing good pain relief. The medication is increasing functionality and quality of life. MTUS guidelines for muscle relaxants state the following: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. MTUS guidelines for muscle relaxants for pain page 63 state the following: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided indicate that the patient has been taking this medication since at least 8/14/14. In this case, the use of the medication is outside the 2-3 weeks recommended by MTUS. Recommendation is for denial.