

<b>Case Number:</b>	CM15-0054883		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	04/13/1992
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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: 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 61-year-old male, who sustained an industrial injury on 04/13/1992. He reported injuring his right knee, right shoulder, and right side of his face. The injured worker is currently diagnosed as having chronic and persistent neck and low back pain, cervical and lumbar spine sprain/strain, lumbar spondylosis with radiculopathy, multilevel lumbar neuroforaminal stenosis, history of right shoulder and elbow surgery, history of right knee surgery, bilateral knee internal derangement, chronic pain syndrome, and opioid dependency. Treatment to date has included lumbar MRI, right knee surgeries, right shoulder and elbow surgery, physical therapy, and medications. In a progress note dated 02/20/2015, the injured worker presented with complaints of low back pain and right lower extremity pain. The treating physician reported requesting authorization for Oxycodone and Viagra.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone 30 mg, 180 count:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 04/13/92 and presents with low back, pain and right lower extremity pain. The request is for Oxycodone 30 MG #180. The utilization review determination rationale is that "the patient continues to complain of significant pain despite ongoing use of this drug." The RFA is dated 03/05/15 and the patient is permanently disabled. The patient has been taking this medication as early as 03/25/14. MTUS Chronic Pain Medical Treatment Guidelines, page 88-89, "Criteria for use of opiates for long-term users of opiates (6 months or more)" states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, page 78, criteria for use of opiates, ongoing management also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. The 12/19/14 report states that the patient rates his pain as a 7/10 with medications and a 10/10 without medications. He states "the medications allow him to participate in his daily activities" found himself able to walk and stand for a longer period of time denies any adverse side effects urine drug screening shows evidence of compliance with prescribed medications. On 02/20/15, the patient rated his pain as a 7/10 with current medications and a 10/10 without medications. "The patient has signed an opiate contract and remains compliant with those terms were found to be at low risk for opioid risk." In this case, the treater has provided has all 4A's and the patient is consistent with his prescribed medications. Therefore, the requested Oxycodone is medically necessary.

**Viagra 100 mg, fifteen count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction.

**Decision rationale:** The patient was injured on 04/13/92 and presents with low back, pain and right lower extremity pain. The request is for Viagra 100 MG #15 for erectile dysfunction. The RFA is dated 03/05/15 and the patient is permanently disabled. The patient has been taking this medication as early as 03/25/14. The MTUS and ACOEM Guidelines do not discuss Viagra specifically. AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction states that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction (ED) including medical, sexual, and psychosocial evaluation is required including documentation of hypo-gonadism that may contribute to the patient's ED. AETNA also does not support performance-enhancing drugs such as Viagra or Cialis. The patient is currently taking Oxycodone, Valium, and Soma. The patient is diagnosed with chronic and persistent neck and low back pain, cervical and lumbar spine sprain/strain, lumbar spondylosis with radiculopathy, multilevel lumbar neuroforaminal stenosis, history of right shoulder and elbow

surgery, history of right knee surgery, bilateral knee internal derangement, chronic pain syndrome, and opioid dependency. The 12/19/14 report states that the patient's "pain also refers into the pelvic area affecting his testicles and buttocks. The patient remains symptomatic with bowel and bladder as well as sexual dysfunction." In this case, there are no laboratory tests documenting patient's testosterone levels; no medical or psychosocial evaluation as required by the Guidelines. Some guidelines such as the AETNA consider life-enhancing medications not medically necessary. The requested Viagra is not medically necessary.