

Case Number:	CM15-0095916		
Date Assigned:	05/22/2015	Date of Injury:	10/05/2004
Decision Date:	07/17/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/18/2015

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, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 5, 2004. In a Utilization Review report dated May 12, 2015, the claims administrator failed to approve requests for topical ketoprofen and oral Viagra. The claims administrator referenced a RFA form of May 1, 2015 and an associated progress note of April 30, 2015, in its determination. In a December 31, 2014 progress note, the applicant's physical therapist noted that the applicant was not working and receiving "permanent disability." In a February 10, 2015 progress note, the applicant reported primary complaint of depression. The applicant was using Sonata, Trilipix, Plavix, oxycodone, Remeron, morphine, MiraLax, Lopressor, metformin, Lyrica, Zestril, Levoxyl, the ketoprofen containing compound in question, Flexeril, TriCor, valproic, Dilaudid, extended release Depakote, Cymbalta, Lipitor, aspirin, Ambien, Elavil, Xanax, it was reported. The note comprised, in large part, preprinted checkboxes. Little-to-no discussion of medication efficacy transpired. Cymbalta, Depakote, Xanax, Elavil, Remeron, and Sonata were prescribed. In a January 21, 2015 physical therapy progress note, it was again reiterate that the applicant was off of work and receiving permanent debility benefits following earlier failed lumbar fusion surgery. On February 3, 2015, it was acknowledged that the applicant was using medical marijuana and a spinal cord stimulator as Dilaudid was no longer effective in attenuating his pain complaints. The applicant was asked to continue Viagra prior to sexual intercourse. It was not stated whether or not ongoing usage of Viagra was or was not effective. The attending provider often noted that

he had advised the applicant to cease marijuana consumption, but that the applicant reportedly declined to do so.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Ketoprofen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Topical NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non FDA-approved agents: Ketoprofen Page(s): 112.

Decision rationale: No, the request for topical ketoprofen was not medically necessary, medically appropriate, or indicated here. As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, ketoprofen is not currently FDA approved for topical application. The attending provider failed to furnish a clear or compelling rationale for usage of topical ketoprofen in the face of the unfavorable MTUS and FDA positions on the same. It is further noted that the applicant is ongoing usage of numerous first line oral pharmaceuticals, including oxycodone, Dilaudid, Cymbalta, Elavil, etc., seemingly obviated the need for the further topical ketoprofen article in question. Therefore, the request was not medically necessary.

Viagra 100mg #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm> **ERECTILE DYSFUNCTION THE MANAGEMENT OF ERECTILE DYSFUNCTION (2005)**

Decision rationale: Similarly, the request for Viagra, a 5-phosphodiesterase inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider should incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. The American Urological Association (AUA) likewise notes that the applicant receiving 5-phosphodiesterase inhibitor therapy should be periodically followed up upon to determine medication efficacy, side effects, and/or significant changes in health status. Here, however, the attending provider did not explicitly state whether or not ongoing usage of Viagra was or was not proving effectual in terms of ameliorating allegations of sexual dysfunction.

Neither the applicant's pain management physician nor the applicant's psychiatrist explicitly stated whether or not ongoing usage of Viagra was or was not proving effectual here. Neither the pain management physician nor the applicant's psychiatrist identified whether or not usage of marijuana was contributing to the allegations of sexual dysfunction, it was further noted; Page 47 of the ACOEM Practice Guidelines does stipulate that an attending provider incorporate some discussion of medication "side effects" into his choice of recommendation. Continued usage of Viagra was not, thus, indicated here. Therefore, the request was not medically necessary.