

Case Number:	CM15-0233386		
Date Assigned:	12/09/2015	Date of Injury:	02/20/1998
Decision Date:	01/15/2016	UR Denial Date:	11/04/2015
Priority:	Standard	Application Received:	11/30/2015

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 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 20, 1998. In a Utilization Review report dated November 4, 2015, the claims administrator partially approved a request for OxyContin while failing to approve a request for sildenafil (Viagra). The claims administrator referenced an October 20, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated October 29, 2015, sildenafil, Zanaflex, senna, Prilosec, OxyContin, and Dilaudid were all seemingly renewed. On an associated progress note of October 20, 2015, the applicant reported ongoing issues with chronic low back, hip, and leg pain. The applicant stated that his medications were allowing him to function and perform unspecified activities of daily living. The treating provider stated that the combination of OxyContin and Dilaudid was reducing the applicant's pain scores by 50%. The applicant was apparently living in a trailer, the treating provider reported. Sacroiliac joint injection was sought. The applicant was still smoking, the treating provider reported. Multiple medications were renewed. The applicant was "disabled," the treating provider acknowledged. The treating provider stated that the applicant was using sildenafil prior to sexual activity. There was, however, no mention of whether or not ongoing usage of sildenafil was or was not effective. The applicant was using a spinal cord stimulator, the treating provider further noted. On September 18, 2015, the applicant was, once again, given a refill of Viagra. Once again, it was not clearly stated whether ongoing usage of Viagra was or was not effective. The treating provider stated that the applicant's ability to do household chores such as dishes and vacuuming in unspecified

amounts had been ameliorated as a result of ongoing medication consumption but did not, once again, elaborate further. The applicant was, once again, described as "disabled," the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60 mg #90: Upheld

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

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

Decision rationale: No, the request for OxyContin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the primary criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off work and disabled, the treating provider reported on office visits of October 20, 2015 and September 18, 2015. While the treating provider did recount a reduction in pain scores reportedly effected as a result of ongoing OxyContin usage, these reports were, however, outweighed by the applicant's failure to return to work and the treating provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing OxyContin usage. The treating provider did not outline specific functions or functionalities ameliorated as a result of ongoing OxyContin usage on October 20, 2015. The treating provider's commentary on September 18, 2015 to the effect that the applicant's ability to perform household chores such as vacuuming and doing dishes as a result of ongoing medication consumption did not constitute evidence of a meaningful benefit derived as a result of ongoing OxyContin usage and was, as noted previously, outweighed by the applicant's failure to return to work and the applicant's continued reliance on a cane, as acknowledged on October 20, 2015. The applicant's consumption of OxyContin 60 mg at a rate of thrice daily plus Dilaudid 4 mg 4 times daily, moreover, represented a total daily morphine equivalent dose of 334 oral morphine equivalent as daily, i.e., well in excess of the 120-mg oral morphine equivalents ceiling suggested on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Slidenafil 20 mg #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation American Urological

Association <https://www.auanet.org/education/guidelines/erectile-dysfunction.cfm>, THE MANAGEMENT OF ERECTILE DYSFUNCTION (2005).

Decision rationale: Similarly, the request for sildenafil (Viagra), a 5-phosphodiesterase inhibitor, was not medically necessary, medically appropriate, or indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it had been prescribed into his choice of recommendations so as to ensure proper usage and so as to manage expectations. Here, however, progress notes of October 20, 2015 and September 18, 2015 made no mention of whether or not ongoing usage of sildenafil (Viagra) had or had not proven beneficial. While the American Urological Association does acknowledge that 5-phosphodiesterase inhibitors such as sildenafil (Viagra) do represent a first-line therapy for erectile dysfunction, the AUA likewise qualifies its position by noting that claimants on 5-phosphodiesterase inhibitors such as sildenafil should be periodically followed up upon to determine the presence of efficacy and/or absence of side effects. Here, however, the October 20, 2015 office visit made no mention of whether ongoing usage of sildenafil (Viagra) had or had not proven beneficial. Continued usage of sildenafil (Viagra) without any seeming discussion of medication efficacy, thus, was at odds with both the MTUS Guideline in ACOEM Chapter 3, page 47 and with the American Urological Association (AUA) position statement. Therefore, this request is not medically necessary.