

Case Number:	CM14-0128553		
Date Assigned:	08/18/2014	Date of Injury:	01/25/2007
Decision Date:	10/21/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/13/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 38 years old male with an injury date on 01/25/2007. Based on the 07/08/2014 progress report provided by [REDACTED], the patient complains of neck pain with left arm pain, occipital headaches, low back pain and leg pain. Numbness and tingling are noted at the base of the neck down the arms into the hands. Weakness is noted in the left leg. The patient's average pain since last visit is a 10/10 and mood since last visit is 10/10. The patient's functional level since last visit is 7/10. The patient's diagnoses are not included in the file for review. There were no other significant findings noted on this report. The utilization review denied the request on 07/23/2014. [REDACTED] is the requesting provider, and he provided treatment report dated 07/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg #10: 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/12207947>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Erectile Dysfunction

Decision rationale: According to the 07/08/2014 report by [REDACTED] this patient presents with neck pain with left arm pain, occipital headaches, low back pain and leg pain. The treater is requesting Viagra 100mg #10. 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 moderatenonsignificant 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 considers Viagra lifestyle enhancement or performance and excludes it under pharmacy benefit. In this case, 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. Viagra is also considered a lifestyle/performance enhancement and does not support it. Recommendation is for denial.

Methadone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 78-80, 93, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Pain Assessment CRITERIA FOR USE OF OPIOIDS Opioids for chroni.

Decision rationale: According to the 07/08/2014 report by [REDACTED] this patient presents with neck pain with left arm pain, occipital headaches, low back pain and leg pain. The treater is requesting Methadone 10mg #120. For chronic opiate use, MTUS Guidelines pages 88 and 89 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 also requires documentation of the 4As (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. Review of report show numerical scale to assessing the patient's pain levels but no assessment of the patient's pain with and without medication. There are no discussions regarding functional improvement specific to the opiate use. The reports do not discuss significant change in ADLs, change in work status, or return to work attributed to use of Methadone. MTUS require not only anagesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Recommendation is for denial.