MAXIMUS Federal Services

Case Number:	CM14-0218115		
Date Assigned:	01/07/2015	Date of Injury:	06/13/2013
Decision Date:	03/06/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/30/2014

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. 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 was a 58 year old male who was injured on the job, March 14, 2007 and June 13, 2013. According to the progress note of December 8, 2014, the injured worker complains of neck and head pain that radiates down the bilateral arms, pain rated a 5 out of 10with medication and 8 out of 10 without medication; 0 being no pain and 10 being the worse pain. The injured worker's current medications were Norco 5/325mg, Restoril and Lisinopril. The injured worker current diagnoses were C5-6 and C6-7 disc degeneration/stenosis, bilateral cervical radiculopathy, status post C4-5 ACDF, closed head injury with post traumatic headaches, lumbar radiculopathy, depression and anxiety. The lower back pain 6 out of 10 with pain medication and 8 out of 10 without pain medication. The injured worker complains of erectile dysfunction that the injured worker attributes to pain and depression associated with the industrial injury. The injured worker was encouraged to maintain gym membership to maintain the progress made with physical therapy. The injured worker was refusing epidural injections at this time. According to the note of September 15, 2014 the injured worker had tried physical therapy and H-wave treatments. According to the psychological evaluation progress note of June 3, 2014, the injured worker was not currently working. The injured worker had a history of hypertension. The injured worker sustained neck and back injuries in a motor vehicle accident 2007. The injured worker had spinal fusion in 2010 for a motor vehicle accident. The injured worker had left shoulder surgery in 1996. The injured worker lost consciousness in the 2013 motor vehicle accident, while driving the company vehicle and was still having headaches. The injured worker complained of changes in activities, withdrawal, change in usual communications, loss of appetite, increased

alcohol consumption, inability to rest and pacing. The documentation submitted for review did not have supporting documentation why or when the injured worker developed the need to take Lisinopril. The only documentation for Viagra was a statement made by the injured worker in the progress note of December 8, 2014. On December 22, 2014, the UR denied authorization for prescriptions for Viagra, Lisinopril and Norco. The Viagra was denied due to; no clear detail provided why Viagra was being requested and how it was related to the original injury. The denial for Lisinopril was based on there was no clear detail provided why Lisinopril was being requested and how it was related to the original injury. There was also no clear detail provided as to what specific objective findings were present medically to support the need for this type of medication. The denial for Norco was based on the MTUS Guidelines for Opioid Weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg tablets #15 x3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus/U.S. National Library of Medicine/National Institutes of Health regarding erectile dysfuntion/Viagra

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 Number: 0007

Decision rationale: The patient presents with neck pain that radiates down the bilateral arms rated 5/10 with and 8/10 without medications; and low back pain that radiates down the bilateral extremities rated 6/10 with and 9/10 without medications. The patient also presents with erectile dysfunction attributed to pain and depression associated with industrial injury. The request is for VIAGRA 100MG TABLETS #15 X3, 1 TABLETS BY MOUTH AS NEEDED. The patient is status post C4-5 anterior cervical discectomy fusion, date unspecified. Patient's current medications include Norco, Restoril, and Lisinopril. The patient is to be considered temporarily totally disabled; if the employer is unable to accommodate restrictions of modified duty. The MTUS, ACOEM and ODG Guidelines do not discuss Viagra specifically. Aetna Guidelines require comprehensive physical examination and lab work for a diagnosis of erectile dysfunction including medical, sexual, and psychosocial evaluation. Patient was dispensed Viagra, per progress report dated 12/08/14. Treater has not provided reason for the request, although it is presumed to be for erectile dysfunction. There are no laboratory tests with patient's testosterone levels showing hypogonadism and no evaluation regarding potential ED, in terms of etiology, severity, etc. Therefore, this request IS NOT medically necessary.

Lisinapril 20mg tablets, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, regarding hypertension treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Diabetes (Type 1, 2 and Gestational) chapter, Hypertension Treatment

Decision rationale: The patient presents with neck pain that radiates down the bilateral arms rated 5/10 with and 8/10 without medications; and low back pain that radiates down the bilateral extremities rated 6/10 with and 9/10 without medications. The request is for LISINOPRIL 20MG TABLETS, #30. The patient is status post C4-5 anterior cervical discectomy fusion, date unspecified. Patient's current medications include Norco, Restoril, and Lisinopril. The patient is to be considered temporarily totally disabled, if the employer is unable to accommodate restrictions of modified duty. MTUS and ACOEM Guidelines are silent on this issue. ODG Guidelines, chapter Diabetes (Type 1, 2 and Gestational and topic Hypertension Treatment, state that After Lifestyle (diet & exercise) modifications(1) First line, 1st choice - Renin-angiotensin-aldosterone system blockers: ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace) Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan) Lisinopril has been prescribed in progress reports dated 07/07/14, 09/15/14, 10/27/14 and 12/08/14. Lisinopril was prescribed by 'other MD,' per progress report dated 09/15/14. Medical records do not discuss hypertension or the prescribed anti-hypertension medication. ODG guidelines would consider this medication as a First line, 1st choice for hypertension; however there are no discussions or blood pressure readings available. Therefore, the request IS NOT medically necessary.

Norco 10/325 mg tablets, #90 1 tablets by mouth every 8 hours for lumbar spine pain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78 and 88-89.

Decision rationale: The patient presents with neck pain that radiates down the bilateral arms rated 5/10 with and 8/10 without medications; and low back pain that radiates down the bilateral extremities rated 6/10 with and 9/10 without medications. The request is for NORCO 10/325 MG TABLETS #90 1 TABLETS BY MOUTH EVERY 8 HRS FOR LUMBAR SPINE PAIN. The patient is status post C4-5 anterior cervical discectomy fusion, date unspecified. Patient's current medications include Norco, Restoril, and Lisinopri. The patient is to be considered temporarily totally disabled, if the employer is unable to accommodate restrictions of modified duty. 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. Treater states in progress report dated 10/27/14 that the patient meets the 4A's of pain management including good Analgesic effects with his

current medication regimen, increased Activities of daily living with the use of medications, no significant Adverse side effects, and no concern for Aberrant behavior. The patient is consistent with follow up care and does have a current pain contract on file with our office. In this case, treater has documented decrease in pain with numerical scales; but he has not stated how Norco significantly improves patient's activities of daily living. Treater has provided general statements, however there are no discussions with specific ADL's, change in work status or return to work documented. Toxicology report dated 10/27/14 showed negative for Hydrocodone, which is inconsistent with patient's prescription of Norco. Norco has been prescribed in progress reports dated 07/07/14, 09/15/14, 10/27/14 and 12/08/14. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines and inconsistent UDS result, the request IS NOT medically necessary.