

<b>Case Number:</b>	CM15-0119075		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	02/12/2009
<b>Decision Date:</b>	08/25/2015	<b>UR Denial Date:</b>	05/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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 36 year old male who reported an industrial injury on 2/12/2009. His diagnoses, and/or impressions, are noted to include: cervical facet joint pain and arthropathy; chronic neck pain; lumbar facet joint pain and arthropathy; chronic low back pain; and bilateral sacroiliac joint pain. No current imaging studies are noted. His treatments have included diagnostic studies; injection therapy; use of a single point cane; medication management; and rest from work. The progress notes of 4/29/2015 reported a re-evaluation for bilateral low back pain, bilateral neck pain and bilateral knee pain that is aggravated by activities; along with difficulty ambulating, and decreased and difficulty sleeping. Objective findings were noted to include no acute distress; tenderness along the right cervical para-spinal muscles overlying the cervical facet joints, that were also with painful and restricted range-of-motion, and along the lumbar para-spinal muscles overlying the bilateral lumbar facet joints and bilateral sacroiliac sulcus, that were with painful and restricted range-of-motion; and painful and restricted bilateral knee range-of-motion. The physician's requests for treatments were noted to include a walker with chair for difficulty ambulating with his single point cane, and the continuation of Viagra, Oxycontin and Trazadone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 10 mg Qty 90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 78, 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 88, 89, 76-78.

**Decision rationale:** Based on the 04/29/15 progress report provided by treating physician, the patient presents with bilateral pain to neck, back and knees, difficulty ambulating, and decreased sleep with difficulty staying asleep. The request is for Oxycontin 10 mg Qty 90. RFA dated 05/13/15 was provided. Patient's diagnosis on 05/13/15 includes cervical facet joint pain and arthropathy; chronic neck pain; lumbar facet joint pain and arthropathy; chronic low back pain; and bilateral sacroiliac joint pain. Physical examination to the lumbar spine on 04/29/15 revealed tenderness to palpation to paraspinal muscles over L4-5 and L5-S1 facet joints and sacroiliac sulcus. Range of motion painful and restricted in all planes. Examination of the bilateral knees revealed restricted and painful range of motion. Treatment to date has included diagnostic studies, injections, acupuncture, physical therapy, functional restoration program, home exercises, and medications. Patient's medications include Oxycontin, Trazodone and Viagra. The patient is on permanent partial disability and not working, per 04/01/15 report. 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. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Oxycontin has been included in patient's medications, per progress reports dated 05/16/12, 07/26/13, and 04/29/15. It is not known when Oxycontin was initiated. In this case, treater has not stated how Oxycontin reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4As. Given the lack of documentation as required by guidelines, the request is not medically necessary.

**Trazodone 50 mg Qty 30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Trazodone (Desyrel).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants Page(s): 13-15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, under Insomnia.

**Decision rationale:** Based on the 04/29/15 progress report provided by treating physician, the patient presents with bilateral pain to neck, back and knees, difficulty ambulating, and decreased sleep with difficulty staying asleep. The request is for Trazodone 50 Mg Qty 30. RFA dated 05/13/15 was provided. Patient's diagnosis on 05/13/15 includes cervical facet joint pain and arthropathy; chronic neck pain; lumbar facet joint pain and arthropathy; chronic low back pain; and bilateral sacroiliac joint pain. Physical examination to the lumbar spine on 04/29/15 revealed tenderness to palpation to paraspinal muscles over L4-5 and L5-S1 facet joints and sacroiliac sulcus. Range of motion painful and restricted in all planes. Examination of the bilateral knees revealed restricted and painful range of motion. Treatment to date has included diagnostic studies, injections, acupuncture, physical therapy, functional restoration program, home exercises, and medications. Patient's medications include Oxycontin, Trazodone and Viagra. The patient is on permanent partial disability and not working, per 04/01/15 report. Regarding antidepressants, MTUS Guidelines, page 13-15, Chronic Pain Medical Treatment Guidelines: Antidepressants for chronic pain states: "Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain." (Feuerstein, 1997) (Perrot, 2006) Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. Analgesia generally occurs within a few days to a week, whereas antidepressant effect takes longer to occur. ODG guidelines Pain Chapter, under Insomnia have the following regarding Amitriptyline: Sedating antidepressants -e.g., amitriptyline, trazodone, mirtazapine have also been used to treat insomnia; however, there is less evidence to support their use for insomnia, but they may be an option in patients with coexisting depression. Trazodone has been prescribed for sleep and is included in treater report dated 04/29/15. Guidelines recommend Trazodone for patients with chronic neuropathic/non-neuropathic pain and insomnia. This appears to be the initial trial prescription of Trazodone. Since this is the initial prescription, treater has not had an opportunity to document medication efficacy for pain assessment and function improvement. This request appears reasonable and to be in accordance with guidelines. Therefore, the request is medically necessary.

**Viagra Qty 10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [[www.drugs.com](http://www.drugs.com)].

**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:** Based on the 04/29/15 progress report provided by treating physician, the patient presents with bilateral pain to neck, back and knees, difficulty ambulating, and decreased sleep with difficulty staying asleep. The request is for Viagra qty 10. RFA dated 05/13/15 was provided. Patient's diagnosis on 05/13/15 includes cervical facet joint pain and arthropathy; chronic neck pain; lumbar facet joint pain and arthropathy; chronic low back pain; and bilateral sacroiliac joint pain. Physical examination to the lumbar spine on 04/29/15 revealed tenderness to palpation to paraspinal muscles over L4-5 and L5-S1 facet joints and sacroiliac sulcus. Range of motion painful and restricted in all planes. Examination of the bilateral knees revealed

restricted and painful range of motion. Treatment to date has included diagnostic studies, injections, acupuncture, physical therapy, functional restoration program, home exercises, and medications. Patient's medications include Oxycontin, Trazodone and Viagra. The patient is on permanent partial disability and not working, per 04/01/15 report. 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. Viagra has been included in patient's medications, per treater reports dated 11/26/12, 07/26/13 and 04/29/15. It is not known when this medication was initiated. Per 04/29/15 report, treater states "Viagra...4 hours prior to intercourse." In this case, there is no psychosocial evaluation, nor medical evaluation regarding ED, in terms of etiology, severity, etc. There are no laboratory tests documenting patient's testosterone levels. Some guidelines such as the AETNA consider life-enhancing medications not medically necessary. Therefore, the request for Viagra is not medically necessary.

**Walker with Chair:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Knee & Leg - Walking aids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines power mobility devices Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter under Walking Aids.

**Decision rationale:** Based on the 04/29/15 progress report provided by treating physician, the patient presents with bilateral pain to neck, back and knees, difficulty ambulating, and decreased sleep with difficulty staying asleep. The request is for walker with chair. RFA dated 05/13/15 was provided. Patient's diagnosis on 05/13/15 includes cervical facet joint pain and arthropathy; chronic neck pain; lumbar facet joint pain and arthropathy; chronic low back pain; and bilateral sacroiliac joint pain. Physical examination to the lumbar spine on 04/29/15 revealed tenderness to palpation to paraspinal muscles over L4-5 and L5-S1 facet joints and sacroiliac sulcus. Range of motion painful and restricted in all planes. Examination of the bilateral knees revealed restricted and painful range of motion. Treatment to date has included diagnostic studies, injections, acupuncture, physical therapy, functional restoration program, home exercises, and medications. Patient's medications include Oxycontin, Trazodone and Viagra. The patient is on permanent partial disability and not working, per 04/01/15 report. MTUS page 99, discusses walkers in the context of power mobility devices, stating "if the functional mobility deficit can be sufficiently resolved by the prescription of a cane or walker, or the patient has sufficient upper extremity function to propel a manual wheelchair, or there is a caregiver who is available, willing, and able to provide assistance with a manual wheelchair. Early exercise, mobilization and independence should be encouraged at all steps of the injury recovery process, and if there is any mobility with canes or other assistive devices, a motorized scooter is not essential to care." ODG Guidelines, Knee Chapter under Walking Aids states: "Recommended for patients with

conditions causing impaired ambulation when there is a potential for ambulation with these devices." Per 04/29/15 report, treater states "I recommend walker with chair as the patient is having difficulty ambulating with single-point cane. If the patient were to have a walker with chair he would be able to sit and rest given chronic bilateral knee pain and internal derangement that is industrially-related." ODG supports walking aids for impaired ambulation and if ambulation with the device can be achieved. The patient has issues with ambulation and the treater's request for a walker appears reasonable and consistent with ODG Guidelines. A walker would be safer, prevent deterioration secondary to non-use, and improve this patient's functional status and overall outcome. Therefore, the request is medically necessary.