

<b>Case Number:</b>	CM15-0171567		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	05/02/2003
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 37-year-old male who sustained an industrial injury on May 2, 2003. Diagnoses have included chronic low back pain, and musculoligamentous sprain or strain of the lumbar spine with radicular symptoms; cervical sprain with radicular symptoms, and, in 2007 he was diagnosed with erectile dysfunction. Documented treatment for pain includes physical therapy post-injury, weight loss surgery, use of a cane, medication including Opana for breakthrough pain, OxyContin, and Percocet stated in the August 21, 2015 physician's report helps him "maintain certain level of activity"; and, he has been treated for erectile dysfunction with Viagra. The injured worker continues to present with chronic low back pain ranging from 7-10. The treating physician's plan of care includes Percocet 10-325 mg 120 tablets which has been modified to 48 tablets for tapering; and, Viagra 100 mg which was denied. He is permanent and stationary, but provided documentation does not show whether he is working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Percocet 10/325mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on- going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals insufficient documentation to support the medical necessity of Percocet nor any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. It was noted per the medical records that the injured worker felt he was able to increase activity with pain medications, however there was no documentation of objective functional improvement. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. It was noted that UDS was performed 6/26/15, however, there was no result documented. As MTUS recommends to discontinue opioids if there is no overall improvement in function, medical necessity cannot be affirmed.

**Viagra 100mg #8:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Wespes E, Eardley I, Giuliano F, Hatzichristou D, Hatzimouratidis K, Moncada I, Salonia A, Vardi Y. Guidelines on male sexual dysfunction: erectile dysfunction and premature ejaculation. Arnhem (The Netherlands): European Association of Urology (EAU); 2013 Mar. 54 p. (326 references).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmedhealth/PMHT0012114/>.

**Decision rationale:** The MTUS and ODG guidelines are silent on the use of Viagra. Per the US National Library of Medicine, Sildenafil (Viagra) is used to treat men who have erectile dysfunction. Sildenafil belongs to a group of medicines called phosphodiesterase 5 (PDE5) inhibitors. These medicines prevent an enzyme called phosphodiesterase type-5 from working too quickly. The penis is one of the areas where this enzyme works. While it is noted that the injured worker was diagnosed with erectile dysfunction following his industrial injury, the most recent progress report mentioning this issue is dated 2012. As there is no current documentation indicating that the injured worker is experiencing difficulty with erection, medical necessity cannot be affirmed.