

Case Number:	CM15-0038163		
Date Assigned:	03/06/2015	Date of Injury:	10/07/2003
Decision Date:	05/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/27/2015

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, Arizona
 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 62-year-old male who reported an injury on 10/07/2003. The mechanism of injury was cumulative trauma. The documentation indicated the injured worker had been utilizing opiates and Viagra since at least 2005. The injured worker underwent a right hemilaminotomy and medial facetectomy at L3-4 and L4-5 on the right on 12/04/2003. The injured worker was noted to be utilizing codeine since at least 09/2014. There was a request for authorization submitted for review dated 01/08/2015. The documentation of 01/08/2015 revealed that the injured worker had pain in the low back and hip of a 7.5/10. The physical examination revealed the injured worker was walking without difficulty. The diagnoses included multilevel lumbar spine disc bulges and protrusions, lumbar spine degenerative disc disease, as well as multilevel osteoarthritis of the facet joints and multilevel spinal canal stenosis. The treatment plan included a refill of codeine 30 mg 1 twice a day as needed #60, tramadol 50 mg 1 three times a day as needed, and Viagra 100 mg 1 tablet 30 minutes prior to intercourse as needed with 2 additional refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Codeline 30mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine Page(s): 35.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend codeine as an option for mild to moderate pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional improvement and documentation of an objective decrease in pain. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for codeine 30 mg #60 with 2 refills is not medically necessary.

Tramadol 50mg #40 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, and objective decrease in pain and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and objective decrease in pain. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. There was a lack of documentation indicating a necessity for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 50 mg #40 with 2 refills is not medically necessary.

Viagra 100mg with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Guidelines on male sexual dysfunction.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/search.phpsearchterm=Viagra&a=1>.

Decision rationale: The California Medical Treatment Utilization Schedule guideline recommends Testosterone replacement in limited circumstances for injured workers taking high-

dose long-term opioids with documented low testosterone levels. Testosterone replacement for hypogonadism (related to opioids). The guidelines do not specifically address Viagra. As such, secondary guidelines were sought. Per Drugs.com, Viagra (sildenafil) relaxes muscles and increases blood flow to particular areas of the body. Viagra is used to treat erectile dysfunction (impotence) in men. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. The efficacy of the Viagra was not provided. There was a lack of documentation indicating a necessity for 2 refills of Viagra without re-evaluation. The request as submitted failed to indicate the frequency and quantity for the requested medication. Given the above, the request for Viagra 100 mg with 2 refills is not medically necessary.