

Case Number:	CM13-0009435		
Date Assigned:	09/11/2013	Date of Injury:	11/28/2006
Decision Date:	01/28/2014	UR Denial Date:	07/05/2013
Priority:	Standard	Application Received:	08/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, Pulmonary Diseases, 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 physician 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 54-year-old male who reported a work-related injury on 11/28/2006; mechanism of injury was result of strain to the lumbar spine. The patient presents for treatment of the following diagnoses: postoperative to a lumbar laminectomy at the right L5-S1 (specific date of procedure not stated), opioid-induced constipation, and chronic back pain greater than 3 months. The clinical note dated 06/18/2013 reports a Primary Treating Physician's Comprehensive Maximum Medical Improvement Orthopedic Examination. The provider documents the patient additionally presents with diagnoses of depression, elevated blood pressure, rule out hypertension, symptoms of gastritis non-steroidal anti-inflammatory drug related, and sexual dysfunction. The provider documents the patient presents with constant and sharp pain radiating down the bilateral lower extremities rated at 7/10 to 8/10. Upon physical exam of the patient, the patient's blood pressure was 132/94. The provider documents on physical exam of the patient's lumbar spine, 45 degrees of flexion, 15 degrees extension, and 20 degrees bilateral bending was noted. The provider recommended the patient received access to medications for pain, inflammation, and muscle spasms, as well as future lumbar interbody fusion at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Lisinopril 20mg, #30 with 3 refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Official Disability Guidelines Diabetic Chapter.

Decision rationale: The most recent clinical note documents the patient was being treated for possible hypertension. The clinical notes failed to document how long the patient has been utilizing this medication and the efficacy of treatment. The current request is rendered for 3 refills which would not be indicated without documentation evidencing the patient's compliance with this medication and efficacy of treatment. The California MTUS/ACOEM do not specifically address this medication. The Official Disability Guidelines indicate Lisinopril is recommended medication in step therapy for hypertension as a first-line, first-choice medication. However, given all of the above, the request for 1 prescription of Lisinopril 20mg, #30 with 3 refills is neither medically necessary, nor appropriate.

Prospective request for 1 prescription of Viagra 100mg, #10 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

Decision rationale: The clinical documentation submitted for review lacks evidence to support the current request. The clinical notes did not indicate how long the patient had been utilizing this medication or the clear efficacy of this medication for the patient's sexual dysfunction complaints. In addition, the current request is for 3 refills which would not be supported without documentation evidencing efficacy. Given all of the above, the request for 1 prescription of Viagra 100mg, #10 with 3 refills is neither medically necessary, nor appropriate.

Prospective request for 1 prescription of Norco 10/325mg, #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, Postsurgical Treatment Guidelines.

Decision rationale: The clinical documentation submitted for review lacks evidence to support the current request. The clinical notes did not indicate how long the patient had been utilizing this medication or the clear efficacy of this medication for the patient's sexual dysfunction complaints. In addition, the current request is for 3 refills which would not be supported without documentation evidencing efficacy. The California MTUS indicates, "4 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 As" (analgesia, activities of daily living, adverse side effects, and 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." Given all of the above, the request for 1 prescription of Norco 10/325mg, #60 with 3 refills is neither medically necessary, nor appropriate.

Prospective request for 1 prescription of Robaxin 75mg, #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

Decision rationale: The clinical documentation submitted for review lacks evidence to support the current request. The clinical notes did not indicate how long the patient had been utilizing this medication or the clear efficacy of this medication for the patient's sexual dysfunction complaints. In addition, the current request is for 3 refills which would not be supported without documentation evidencing efficacy. The California MTUS indicates, "4 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 As" (analgesia, activities of daily living, adverse side effects, and 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." Given all of the above, the request for 1 prescription of Robaxin 75mg, #30 with 3 refills is neither medically necessary, nor appropriate.

Prospective request for 1 prescription of Covastatin 20mg, #30 with 3 refills:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug Package: Covastin (insert online).

Decision rationale: The clinical documentation submitted for review lacks evidence to support the current request. The clinical notes did not indicate how long the patient had been utilizing this medication or the clear efficacy of this medication for the patient's sexual dysfunction complaints. In addition, the current request is for 3 refills which would not be supported without documentation evidencing efficacy. The California MTUS, ACOEM, and Official Disability Guidelines do not specifically address. Drug package insert indicates this medication is supported for patients who are at increased risk for arterial sclerosis-related clinical events as function of cholesterol level, the presence of congestive heart failure, or other risk factors. The

clinical notes did not indicate the patient presented with a diagnosis of coronary heart disease or hyperlipidemia to support the requested medication. In addition, the current request is for 3 refills which is excessive in nature without assessment of the patient's efficacy of his medication regimen. Given all of the above, the request for 1 prescription of Covastatin 20mg, #30 with 3 refills is neither medically necessary, nor appropriate.