

Case Number:	CM13-0015231		
Date Assigned:	10/11/2013	Date of Injury:	11/29/2005
Decision Date:	01/21/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	08/22/2013

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 Psychiatry, has a subspecialty in Child & Adolescent Psychiatry 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 36-year-old male who reported an injury on 11/29/2005. The patient's symptoms were noted as back, leg, and shoulder pain. Objective findings included muscle spasm from L3-4, positive bilateral straight leg raise testing, and decreased motor strength noted as 4/5 weakness of the EHL and TA. The patient's diagnoses were listed as chronic left shoulder pain with impingement, neck pain with potential left upper limb radiculitis, opioid dependent chronic pain, persistent bilateral lumbar radicular pain, status post L4-S1 fusion and L4 laminectomy for grade II spondylolisthesis with bilateral foot drop, bladder urgency, frequency, and impotence from a neurogenic bladder following back surgery, radicular muscle cramping to the bilateral lower limbs, gastritis secondary to pain medication, insomnia secondary to pain, and constipation from narcotics. It was noted that on 08/27/2013, the physician discussed the high use of narcotics. It was noted that the patient agreed to taper off his methadone, but stated that the OxyContin and Norco were very important for him to stay functional and he would decrease his Norco to 3 tabs per day. It was noted that the patient had completed the COMM (Continuing Opioid Misuse Measure), SOAPP (Screening Tool for Opiate Abuse in Patients with Pain) and PHQ-9 (Brief Depression Screening) with the scores of these tests showing that the patient is at very low risk for abuse. Records indicate that the patient stated that without narcotic analgesics, his quality of life was very poor. The patient denied side effects, including sedation, confusion, nausea, constipation, mood changes, feeling out of control, or addiction to his medications. It was also noted that the patient had met all of the ACOEM Guidelines for the use of sustained release narcotics, including that the patient had signed a pain contract; the patient had expressed continued improved physical and emotional functioning with medications; the patient agreed to

IMR ISSUES, DECISIONS AND RATIONALES

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

Electrocardiogram (EKG) for testing of arrhythmia from methadone: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck Manual

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61.

Decision rationale: The California MTUS Guidelines state that methadone may result in QT prolongation with resultant serious arrhythmia. A request was made for an electrocardiogram for testing of arrhythmia from methadone. A 08/27/2013 office note stated that the patient was to be weaned off his methadone, and the patient agreed to taper off this medication. Additionally, the objective findings for that visit stated that the patient's blood pressure and pulse were within normal limits, and there were no other findings consistent with arrhythmia noted. As the patient was to have tapered off his methadone, an electrocardiogram test for arrhythmia secondary to this medication is not necessary. Therefore, the request is non-certified.

Norco 10mg #120 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Dosing Page(s): 86.

Decision rationale: The California MTUS Guidelines state that the recommended dosing for opioids should not exceed 120 mg oral morphine equivalents per day; and that for patients taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The patient's most recent office visit noted that he was taking OxyContin 80 mg 2 tablets every 12 hours and Norco 10 mg 2 tabs every 4 hours as needed with a plan for the patient to take no more than 3 Norco per day. The combination of these 2 opioid medications is the equivalent of 510 mg of morphine equivalent. This dosage far exceeds the recommendations of guidelines. Therefore, the request is non-certified.

Viagra 50 mg #10 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physician's desk reference (PDR), 65th Edition, 2013.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Erectile Dysfunction, Medscape, Edward David Kim, MD, FACS; Chief Editor: Edward David Kim, MD, FACS, Sept. 16, 2013.

Decision rationale: The patient's medication list includes Viagra 50 mg. The patient has a noted diagnosis of bladder urgency, frequency, and impotence from a neurogenic bladder following back surgery. An office note from 10/09/2012 stated that the patient had no bowel or bladder incontinence. There was no documentation of subjective or objective findings consistent with sexual dysfunction at that visit. At the patient's next noted office visit on 10/30/2012, it was noted that the patient had a prescription for Viagra 50 mg and that the Viagra had improved his impotence. As there is a general lack of documentation regarding the initiation of the prescription for Viagra, the indication of use, and how the prescription is used, including directions; this medication is not supported. Therefore, the request is non-certified.

Ambien 10 mg #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, Treatment Index, 11th Edition (web), Pain- Zolpidem (Ambien).

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

Decision rationale: The Official Disability Guidelines state that zolpidem is a prescription short-acting, nonbenzodiazepine hypnotic, which is approved for the short-term, from 2 to 6 weeks, treatment of insomnia. The guidelines further state that while sleeping pills are commonly prescribed in chronic pain, they are rarely recommended for the long-term as they can be habit-forming, and they may impair function and memory. There is also a noted concern that they may increase pain and depression over the long-term. As this medication is not recommended for long-term use, the request for Ambien is not supported. Therefore, the request is non-certified.