

Case Number:	CM13-0036008		
Date Assigned:	12/13/2013	Date of Injury:	12/06/2011
Decision Date:	07/24/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/18/2013

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. The expert reviewer is Board Certified in Geriatrics and is licensed to practice in New York. 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/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 injured worker is a 48 year old man with a date of injury of 12/6/11. He had a complete internal medicine and occupational exam on 7/16/13 with a letter dated 8/14/13. Of note, he had back, neck and leg pain with headaches, sleep maintenance insomnia, GERD and constipation. His sexual activity was rated as severely impaired erection and ejaculation. His current medications were norco, venlafexine, acetadryl, cyclobenzaprien and naprosyn. His physical exam SHOWED hypertension at 160/100, a right carotid bruit, systolic heart murmur, and non-focal neurologic exam. There is no genitourinary exam documented. His diagnostic impressions were multiple orthopedic injuries, sleep maintenance insomnia, dyspnea-deconditioning, GERD secondary to NSAIDs, depression, hypogonadism and constipation. A serum testosterone level was felt necessary. At issue in this review are the prescriptions for norco, fioricet, dendracin and levitra. Length of therapy is not documented for the medications nor are indications for most.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 TABLETS OF FIORICET 50/325/40 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, FIORICET.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23.

Decision rationale: Barbiturate-containing analgesic agents such as fioricet are not recommended for chronic pain as the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy. The medical records do not substantiate the medical necessity of fioricet or which of his symptoms this is targeting.

90 TABLETS OF NORCO 10/325 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This 48 year old injured worker has chronic pain with an injury sustained in 2011. His medical course has included numerous treatment modalities including use of several medications including narcotics, NSAIDs and muscle relaxants. In opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 7/13 fails to document any improvement in pain, functional status or side effects to justify ongoing use. Additionally, the long-term efficacy of opiods for chronic back pain is unclear but appears limited. The medical necessity of norco is not substantiated in the medical records.

1 DENDRACIN LOTION 120 ML: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: This 48 year old injured worker has chronic pain with an injury sustained in 2011. His medical course has included numerous treatment modalities including use of several medications including narcotics, NSAIDs and muscle relaxants. Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Regarding capsaicin, it is recommended only as an option in patients who have not responded to or are intolerant to other treatments. The records do not provide clinical evidence that he is intolerant to other treatments or why dendracin is medically indicated.

30 TABLETS OF LEVITRA 20 MG: Upheld

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 Other Medical Treatment Guideline or Medical Evidence: American Urological Association Guideline for the Management of Erectile Dysfunction. <http://www.auanet.org/education/guidelines/erectile-dysfunction.cfm>.

Decision rationale: This injured worker has a diagnosis of hypogonadism and erectile dysfunction (ED) per review of systems showing severe impairment with erection and ejaculation. The initial management of ED begins with the identification of comorbidities and risk factors including prescription and recreational drug use. Though levitra is used in the treatment of erectile dysfunction, this worker may have ED related to the side effects of opioids. The risks and benefits of levitra were not documented as discussed with the worker. The records do not support the medical necessity of levitra.