

Case Number:	CM13-0038280		
Date Assigned:	12/18/2013	Date of Injury:	10/06/2005
Decision Date:	09/17/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/30/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama and 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:

Clinical Summary: The patient is a 52 year old male who was injured on 10/06/2005. The mechanism of injury is unknown. Prior medication history included Norco, Soma, Cymbalta, Topamax, Norvasc, and Benicar. Progress report dated 08/16/2013 indicates the patient has failed back syndrome with severe pain. He reported radicular pain and walking with pain. He does have an abnormal gait. He is also having headache and high blood pressure. He has a history of hypogonadism as well. There is no exam for review. Impressions were failed back syndrome, lumbar radiculopathy, hypertension, obesity, and erectile dysfunction. He was given Soma and Norco for pain control and Viagra 100. Prior utilization review dated 09/18/2013 states the requests for Soma 350 MHPOT ID (unknown dosage/quantity), Norco Q4 prn and Viagra 100 (unknown dosage/quantity) were not approved as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NORCO Q4 PRN (UNKNOWN DOSAGE/QUANTITY): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80. Decision based on Non-MTUS Citation Criteria for use of Opioids.

Decision rationale: According to the CA MTUS / CPMT guidelines and ODG , the long term use of norco for chronic back pain without any documentation of pain relief is not recommended. The poor medical documentation and history of this patient lacks improvement, dosage and quantity. Patient is also on additional central acting pain medication without any documented pain relief. In addition, patient lacks a urine drug screen which further weakens the support and safety of continuing Norco. Therefore, based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

PRESCRIPTION OF SOMA 350MH POT ID (UNKNOWN DOSAGE/QUANTITY):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CARISOPRODOL (SOMA).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (SOMA Page(s): 65. Decision based on Non-MTUS Citation Official Disability Guidelines,Pain, Muscle relaxants.

Decision rationale: According to the CA MTUS / CPMT guidelines and ODG , the long term use of Soma which is a central acting pain medication for chronic back pain without any documentation of pain relief is not recommended. The poor medical documentation and history of this patient lacks improvement, dosage and quantity. Patient is also on additional opioid without any documented pain relief. In addition, patient lacks a urine drug screen which further weakens the support and safety of re-prescribing Soma. Therefore, based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary

PRESCRIPTION OF VIAGRA 100 QD PRN (UNKNOWN DOSAGE/QUANTITY):
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 <http://www.rxlist.com/viagra-drug.htm>.

Decision rationale: The guidelines for the use of Viagra state that its only implication is for the management of erectile dysfunction. However, there is no documentation that psychosexual dysfunctions contributing to erectile dysfunction have been ruled out or treated in this patient. Therefore, the request is not medically necessary