

Case Number:	CM13-0044107		
Date Assigned:	12/27/2013	Date of Injury:	06/26/2003
Decision Date:	02/21/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	10/28/2013

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 and Geriatric Medicine 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 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 injured worker is a 47 year old man with a date of injury of 6/26/03. He was seen by his primary treating physician on 10/1/13 with complaints of low back pain radiating to his lower extremities and his neck radiating to his upper extremities. He is status post lumbar laminectomy in 2011. He rated his pain as 6/10 on his current medication regimen which included Neurontin, soma, norco and anaprox. He has a spinal cord stimulator which was said to be working well though he had positional changes. He was reprogrammed with improvement yet a request for a neurosurgery consult for a laminectomy placed paddle lead was made. His physical exam showed tenderness along the cervical and lumbar spine with decreased range of motion and muscle rigidity. He had decreased right quadriceps strength and decreased sensation bilaterally in an L5 distribution. He has undergone numerous diagnostic studies and treatment regimens. He had diagnoses which included lumbar spine sprain/strain syndrome with right lower extremity radiculopathy, reactionary depression/anxiety, medication induced gastritis, hypogonadism and erectile dysfunction secondary to chronic opiate use and lumbar spinal cord stimulation implant in 4/13. At issue in this review are the denials of norco, cialis and a neurosurgeon evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription Cialis 10mg, #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Guidelines Update Panel. The management of erectile dysfunction: an update. Baltimore (MD): American Urological Association Education and Research, Inc.: 2005 and 2006. Various.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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) secondary to chronic opiate use. Cialis is a phosphodiesterase Type 5 inhibitor and is a first line treatment for ED. However, the initial management of ED begins with the identification of comorbidities and risk factors including prescription and recreational drug use. Though Cialis is medically indicated in erectile dysfunction, this worker has ED related to the side effects of opioids. The risks and benefits of Cialis were not documented as discussed with the worker. The records do not support the medical necessity of Cialis.

Prescription Norco 10/325mg, #240: Upheld

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

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

Decision rationale: This injured male worker has chronic back pain and neck pain with an injury sustained in 2003. His medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics. Per the chronic pain guidelines for opioid 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 10/13 fails to document any improvement in pain, functional status or side effects to justify long-term use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The Norco is denied as not medically necessary.

One neurosurgical consultation between 10/1/13 and 12/15/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-194.

Decision rationale: This injured worker was denied a request for neurosurgeon evaluation due to issues with the spinal cord stimulator. His physical exam does not reveal any red flag

symptoms or signs which would be indications for immediate referral. He has had numerous tests and treatments including MRI, spinal cord stimulator and lumbar surgery. Per the MTUS, surgery is considered when there is severe spinovertebral pathology or severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction on appropriate imaging studies that did not respond to conservative therapy. His spinal cord stimulator was reprogrammed by the treating physician with improvement in his symptoms. The medical records do not support the medical necessity for referral to a neurosurgeon.