

Case Number:	CM13-0052270		
Date Assigned:	03/31/2014	Date of Injury:	10/27/2004
Decision Date:	05/23/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/14/2013

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 Occupational Medicine, 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic pain syndrome, unspecified myalgias and myositis, and chronic low back pain reportedly associated with an industrial injury of October 27, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; topical applications of heat and cold; and prior lumbar spine surgery. In a Utilization Review Report of November 12, 2013, the claims administrator denied a request for caudal epidural steroid injections, Viagra, ThermaCare heat wraps, Norco, and a balm for the lumbar spine. The claims administrator denied the request for IcyHot balm on the grounds that the applicant was capable of purchasing this over-the-counter without a need for a medical prescription and also denied the proposed ThermaCare heat pads on the grounds that the applicant's chronic pain was not necessarily amenable to topical applications of heat and cold. The applicant's attorney subsequently appealed. In a clinical progress note of March 3, 2014, the applicant was described as presenting with ongoing low back pain radiating to the left foot and left thigh. The applicant was described as having a review of systems notable for depression and constipation. The applicant's problem list included chronic pain syndrome, neck pain, myalgias and myositis, failed back syndrome, psychosexual dysfunction, depression, degenerative disk disease, and lumbar radiculopathy. Multiple medications are refilled, including Norco, Viagra, Lyrica, and IcyHot packs. The applicant was reportedly permanent and stationary. The applicant reported 10/10 pain without medications and 6/10 pain with medications. The applicant stated that he was able to perform daily home responsibilities as a result of ongoing opioid therapy but was unable to work or volunteer. The applicant states that he was staying in bed at least half a day without the medications and having no contact with the outside world without the medications. Medications were refilled. The

applicant was not working, it was acknowledged. In a progress note dated September 5, 2013, the attending provider noted that the applicant had persistent low back pain radiating to the bilateral legs. The attending provider stated that the applicant had decreased right foot and ankle strength and left foot and ankle strength in one section of the report and then stated, in another section of the report, that the applicant had normal bilateral lower extremity strength. The attending provider reiterated that the applicant's pain scores without medication were 10/10 and 7/10 with medications. The applicant was reportedly able to fulfill daily home responsibilities as a result of ongoing medication usage, although it is acknowledged that the applicant was unable to work. It was stated that earlier MRI imaging in 2011 demonstrated an S1 nerve root abutment following prior spine surgery. In a medical-legal evaluation dated May 4, 2011, the applicant was incidentally described as having ongoing issues with poor libido and erectile dysfunction. The applicant was apparently able to maintain sexual relations once or twice a week with usage of Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

CAUDAL EPIDURAL STEROID INJECTIONS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections topic Page(s): 46.

Decision rationale: As noted on page 46 of the MTUS Chronic Pain Medical Treatment Guidelines, up to two diagnostic epidural steroid injections can be endorsed. In this case, the attending provider has posited that the applicant has not had any epidural steroid injection therapy since undergoing a spine surgery at some point prior to 2011. The applicant does have ongoing radicular complaints with low back pain radiating to the legs and diminished lower extremity strength appreciated on several recent office visits in late 2013, referenced above. MRI imaging in 2011 apparently was notable for S1 nerve root abutment. Thus, the applicant appears to have clinically evident, radiographically confirmed radiculopathy for which a trial lumbar epidural steroid injection is indicated. Accordingly, the original Utilization Review decision is overturned. The request is medically necessary, on Independent Medical Review.

PRESCRIPTION OF VIAGRA 100MG #10: Overturned

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 American Urologic Association, Management of Erectile Dysfunction Guidelines.

Decision rationale: The MTUS does not address the topic. As noted by the American Urologic Association (AUA), phosphodiesterase inhibitors such as Viagra should be offered as a first-line therapy for erectile dysfunction. In this case, the applicant does apparently have ongoing issues with erectile dysfunction which have, to some extent, been ameliorated by Viagra. While these have been incompletely characterized on more recent office visits, historical progress notes do establish the presence of unfavorable response to earlier usage of Viagra. On balance, then, continuing the same is indicated and appropriate. Accordingly, the request is medically necessary, on Independent Medical Review.

THERMACARE HEAT WRAPS: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: As noted in the MTUS-adopted ACOEM Practice Guidelines in Chapter 12, Table 12-5, page 299, simple, low-tech applications of heat and cold are "recommended" to manage symptom control for low back complaints. In this case, the applicant does have longstanding low back complaints. ThermaCare heat wraps do represent simple, low-tech topical applications of heat and cold. These are indicated as part and parcel of self-care, per ACOEM Practice Guidelines. Accordingly, the original Utilization Review decision is overturned. The request is medically necessary, on Independent Medical Review.

PRESCRIPTION OF NORCO 10/325MG #180: Overturned

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 When to Continue Opioids topic Page(s): 80.

Decision rationale: Norco is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, the attending provider has consistently reportedly drops in pain scores from 10/10 to 7/10 or less as a result of ongoing Norco usage. The attending provider states that the applicant is able to perform daily household chores and maintain familial responsibilities as a result of ongoing Norco usage, although it is acknowledged that the applicant has failed to return to work. On balance, then, two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have been met. Accordingly, the request is medically necessary, on Independent Medical Review.

ICY HOT FOR LOW BACK PAIN: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299.

Decision rationale: The proposed IcyHot patches do represent simple, low-tech applications of heat therapy which are, per ACOEM Practice Guidelines, Chapter 12, Table 12-5 "recommended" as part and parcel of self-care for symptom control for low back complaints. In this case, the applicant does have longstanding low back pain issues. Ongoing usage of heat patches to combat the same is indicated and appropriate. Accordingly, the original Utilization Review decision is overturned. The request is medically necessary, on Independent Medical Review.