

Case Number:	CM13-0054301		
Date Assigned:	12/30/2013	Date of Injury:	01/12/2004
Decision Date:	04/25/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/12/2013

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 injured worker is a male with date of injury of 1/12/04. Per primary treating physician's progress report and review of medical records dated 10/29/13, the injured worker had a lumbar epidural steroid injection at L5-S1 bilaterally on 10/3/13. He has experienced greater than 60% relief from the epidural steroid injection, and is optimistic that he will have a similar positive response as he did at his last injection. He is interested in detoxing from pain medications, but is agreeable to delaying detoxification until he has surgery on his ankles. His medication use has been stable and consistent for the last years. Although he requires a lot of medication, he never requested an early refill and it is the only thing that allows him to be functional on a daily basis. Without the medication he is very dysfunctional. On exam, he is in obvious distress. He does not appear overly medicated. He has a notable antalgic gait favoring the right lower extremity. The posterior lumbar musculature is tender to palpation with increased muscle rigidity bilaterally. He has decreased range of motion. He is able to bend forward with his outstretched fingers about 4 inches above the level of his knees. Extension is limited to 10 degrees. He has pain with both maneuvers. Straight leg raise in the modified sitting position is positive bilaterally about 45 degrees. Sensory examination reveals Wartenberg pinwheel is decreased along the posterior medial aspect of the thigh and calf on the left when compare to the right. Diagnoses include bilateral foot and ankle internal derangement, bilateral plantar fasciitis, lumbar spine sprain/strain syndrome, bilateral lower extremity radiculopathy, reactionary depression/anxiety, erectile dysfunction (industrially related per [REDACTED]), hypogonadism with erectile dysfunction, likely secondary to chronic opioid use, and status post right ankle ligament repair as of 9/11/2011.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95, 124.

Decision rationale: The medical documentation reports that the injured worker is on chronic pain medications and he needs these medications to remain functional. It is also reported that there is no abherent behaviour that would necessitate immediate discontinuation of the medications. The injured worker is interested in detoxification, but this has been delayed due to pending surgery for bilateral ankles. This may seem to be a reasonable strategy because the surgery may require opioid pain medications for acute pain which would likely interfere with detoxification. The guidelines do not recommend the chronic use of opioids for pain management in general, but they do provide recommendations for chronic pain management with opioids in maintenance doses. The injured worker's opioid medication dosing has remained stable and he appears to be in a maintenance stage of his pain management, until the current dosing is reviewed. The request for approval does not specify the number of tablets being requested. It is noted, though, that 240 tablets of Norco 10/325mg are requested every month. Of note, this is 8 tablets per day, or 80 morphine equivalants per day. Roxicodone is also requested at 240 tablets per month, or 8 tablets per day. The morphine equivalant dose for roxicodone prescribed is therefore 360 morphine equivalants per day. In total, the injured worker is being prescribed 440 morphine equivalants per day, far in excess to the 120 morphine equivalant per day ceiling recommended by the cited guidelines. Overall, the clinical documents do not provide justification for such high dosing for pain management in this injured worker. A opioid utilization timeline is not established, and functional improvement from the use of these medications is not apparent. The request for Norco 10/325mg is determined to not be medically necessary.

Roxicodone 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95, 124. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, WEANING OF MEDICATIONS, 74-95, 124

Decision rationale: The medical documentation reports that the injured worker is on chronic pain medications and he needs these medications to remain functional. It is also reported that there is no abherent behaviour that would necessitate immediate discontinuation of the medications. The injured worker is interested in detoxification, but this has been delayed due to pending surgery for bilateral ankles. This may seem to be a reasonable strategy because the

surgery may require opioid pain medications for acute pain which would likely interfere with detoxification. The guidelines do not recommend the chronic use of opioids for pain management in general, but they do provide recommendations for chronic pain management with opioids in maintenance doses. The injured worker's opioid medication dosing has remained stable and he appears to be in a maintenance stage of his pain management, until the current dosing is reviewed. The request for approval does not specify the number of tablets being requested. It is noted, though, that 240 tablets of Roxicodone are requested per month, or 8 tablets per day. The morphine equivalent dose for roxicodone prescribed is therefore 360 morphine equivalents per day. 240 Norco 10/325mg are requested every month as well. This too is 8 tablets per day, or 80 morphine equivalents per day. In total, the injured worker is being prescribed 440 morphine equivalents per day, far in excess to the 120 morphine equivalent per day ceiling recommended by the cited guidelines. Overall, the clinical documents do not provide justification for such high dosing for pain management in this injured worker. A opioid utilization timeline is not established, and functional improvement from the use of these medications is not apparent. The request for Roxicodone 30mg is determined to not be medically necessary.

Xanax 1mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

Decision rationale: The requesting provider reports that the claimant needs Xanax for his anxiety. The guidelines do not support the use of benzodiazepines for long term use, generally no longer than 4 weeks, and state that a more appropriate treatment would be an antidepressant. As such, the request for Xanax 1mg is determined to not be medically necessary.

Soma 350mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29, 124.

Decision rationale: The guidelines do not recommend the use of Soma, and specifically state that the medication is not indicated for long-term use. As such, the request for Soma 350mg is determined to not be medically necessary.

Prilosec 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: Proton pump inhibitors such as Prilosec are recommended when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event. As such, the request for Prilosec 20mg is determined to not be medically necessary.

Cialis 20mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AHFS Monograph for Cialism, accessed on Drugs.com.

Decision rationale: The clinical documents report that the injured worker was diagnosed recently with hypogonadism secondary to opioid pain medication use. The treatment has been to prescribe AndroGel, and opioid detoxification has been recommended. Cialis may be an appropriate medication for the treatment of erectile dysfunction when other urologic causes have been ruled out, including low testosterone, but these causes have not been ruled out as of yet. As such, the request for Cialis is determined to not be medically necessary.