

Case Number:	CM13-0062138		
Date Assigned:	12/30/2013	Date of Injury:	12/27/2000
Decision Date:	04/11/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/06/2013

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 low back pain associated with an industrial injury sustained on December 27, 2000. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, opioid therapy, topical agents, unspecified amounts of manipulative treatment over the claim, left and right carpal tunnel release surgery, and the apparent imposition of permanent work restrictions. It does not appear that the applicant is working with said permanent limitations in place. A clinical progress note dated August 27, 2013 states that the applicant reports multifocal bilateral wrist, low back, mid-back, and groin pain with associated facial paresthesias. The applicant has concomitant anxiety and depression, it is stated. Erectile dysfunction is also noted. The applicant exhibits a slow gait with well-healed surgical incision lines noted about the bilateral wrist. The applicant is alleging pain secondary to cumulative trauma, as well as hearing loss. Additional manipulative therapy, Norco, Ketoprofen, Soma, Prilosec, and Viagra are endorsed, along with permanent work restrictions. An earlier note dated June 17, 2013 states that the applicant again reports multifocal pain complaints. The applicant was given prescriptions for Ketoprofen, Norco, Soma, Prilosec, and Viagra on that date as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX SESSIONS OF CHIROPRACTIC MANIPULATIVE THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, 1-2 sessions of chiropractic manipulative therapy are endorsed every 4-6 months in those applicants who demonstrate treatment success by achieving and/or maintaining successful return to work. In this case, however, it does not appear that the applicant has returned to work with permanent work restrictions in place. It is not clearly stated how much prior manipulative treatment the applicant has had over the life of the claim. Pursuing additional manipulative therapy without evidence of successful return to work is not recommended, per the MTUS Chronic Pain Medical Treatment Guidelines. Accordingly, the request is not certified.

120 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): 80.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and reduced pain. In this case, the aforementioned criteria have not seemingly been met. The applicant does not appear to have returned to work with permanent limitations in place. The applicant does not make any mention of improved function and/or diminished pain noted on the June and August 2013 progress notes in question. Therefore, the request is not certified.

120 KETOPROFEN 75MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: While the MTUS Chronic Pain Medical Treatment Guidelines acknowledge that anti-inflammatory medications such as Ketoprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back present here, in this case, it does not appear that the applicant has achieved any lasting benefit or functional improvement through prior usage of oral Ketoprofen. The applicant does not appear to have returned to work. The applicant's work status and work restrictions are seemingly unchanged from visit to visit. There is no evidence of diminished reliance on medical treatment. The

applicant remains highly reliant on various medications, manipulation, other treatments, office visits, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite prior usage of oral Ketoprofen. Therefore, the request is not certified.

10 VIAGRA 100MG: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Urologic Association (AUA),Erectile Dysfunction Management Guidelines.

Decision rationale: The MTUS does not address the topic of erectile dysfunction. As noted by the American Urologic Association (AUA), oral phosphodiesterase inhibitors such as Viagra should be offered as a first-line therapy for erectile dysfunction, the issue present here. The applicant has longstanding issues with erectile dysfunction. Oral phosphodiesterase inhibitors such as Viagra are a first-line treatment for this. Therefore, the request is certified.