MAXIMUS Federal Services

Case Number:	CM13-0064763		
Date Assigned:	01/03/2014	Date of Injury:	02/24/2010
Decision Date:	06/04/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/12/2013

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 Internal 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 patient is a [redacted] employee who has filed a claim for chronic pain syndrome associated with an industry injury of February 24, 2010. Thus far, the patient has been treated with NSAIDs, muscle relaxants, Lyrica, Amitryptiline, Xanax, Toradol injections, left shoulder injection, massage therapy, and physical therapy to the left shoulder. Patient has had surgery to the neck in 2010 with worsening of condition post-operatively. Patient is a surgical candidate for the left shoulder. In a utilization review report of December 06, 2013, the claims administrator denied a request for Percocet #60 as there is no documented symptomatic or functional benefit improvement from its use; Gralise as there is no description of neuropathic pain documented; Motrin #90 as long-term use is not supported; buspirone and Abilify as there is no documentation of depression or mental health problems; and Viagra as there is no support for medical necessity. Review of progress notes shows complaints of headaches, neck, left shoulder, low back, and left upper extremity pain. Left shoulder pain is worsening, with findings consistent with rotator cuff tear. There is moderate neck pain with decreased sensation on the left C6-8 dermatomes. Findings also include positive straight leg raise test on the left, positive facet loading test bilaterally, and facet and SI joint tenderness bilaterally. Cervical MRI performed from April 2010 showed prominent anterior disk osteophyte complex at C4-5 and C5-6, and neuroforaminal narrowing at left C6-7 with broad-based disk bulge and annular tear. Lumbar MRI from July 2010 was unremarkable. MRI of the left shoulder from October 2013 showed rotator cuff tear. EMG of upper extremities from June 2013 was normal. Patient has depression and anxiety symptoms and history of suicidal attempt for which psychotherapy and several medications were given.

IMR ISSUES, DECISIONS AND RATIONALES

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

GRALISE 600MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-17.

Decision rationale: As stated on pages 16-17 in the CA MTUS chronic pain and medical treatment guidelines, gabapentin is useful for treating neuropathy. Gralise is gabapentin. Patient has been on this medication since January 2013. There is no documentation in this patient regarding description of neuropathic pain. Therefore, the request for Gralise 600mg #90 was not medically necessary per the guideline recommendations of MTUS.

PERCOCET 10/325MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: As noted on page 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is authorization of this medication on December 06, 2013 for #20. Patient has been on Percocet even before July 2012. There are no reports of screening of proper medication use and reports regarding functional benefits derived. Therefore, the request for Percocet 10/325mg was not medically necessary per the guideline recommendations of MTUS.

ABILIFY 10MG #30: 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 FDA (Abilify).

Decision rationale: The CA MTUS does not address Abilify. The FDA states that Abilify is indicated for Schizophrenia, acute Treatment of Manic and Mixed Episodes, Maintenance Treatment of Bipolar I Disorder, Adjunctive Treatment of Major Depressive Disorder, Irritability Associated with Autistic Disorder, and Agitation Associated with Schizophrenia or Bipolar Mania. Patient has been on this medication since March 2013. Patient has a long psychiatric

history however recent progress notes do not describe patient's psychiatric situation. Therefore, the request for Abilify was not medically necessary per the recommendations of FDA.

MOTRIN 600MG #90: Upheld

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

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

Decision rationale: As stated in page 46 of the California MTUS chronic pain medical treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. Motrin is ibuprofen. Patient has been on ibuprofen since July 2012. There is documentation regarding gastrointestinal adverse effects, and a report dated January 2013 indicated that this medication be discontinued because there is no benefit to be derived from it in addition to the side effects. Also, there is authorization for this medication on December 06, 2013 for #30. Therefore, the request for Motrin 600mg #90 was not medically necessary per the guideline recommendations of MTUS.

BUSPIRONE HCL 10MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, and Anxiety medications in chronic pain.

Decision rationale: The CA MTUS does not specifically address this issue. The Official Disability Guidelines state that Buspirone is approved for short-term relief of anxiety symptoms. This patient had been started on buspirone in November 2012. In this case, patient has a long psychiatric history however recent progress notes do not describe patient's anxiety and depression symptoms. Therefore, the request for Buspirone was not medically necessary per the guideline recommendations of MTUS.

VIAGRA 100MG #6: 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 American Urological Association "The Management of Erectile Dysfunction" (2005).

Decision rationale: The CA MTUS does not specifically address this issue. The American Urological Association (AUA) Treatment Guidelines recommend phosphodiesterase type 5 inhibitors (Viagra) as a first-line therapy for erectile dysfunction, unless contraindicated following an in-person evaluation that includes sexual, medical, and psychosocial histories as well as laboratory tests thorough enough to identify co morbid conditions that may predispose the patient to ED and that may contraindicate certain therapies. There is note of use of this medication since November 2013. However, there is no documentation regarding description of sexual dysfunction as erectile dysfunction, as well as evaluations looking into potential causes of sexual dysfunction in this patient such as medication use or co-morbidities. Therefore, the request for Viagra 100mg was not medically necessary per the guideline recommendations of AUA.