

Case Number:	CM13-0067831		
Date Assigned:	01/03/2014	Date of Injury:	06/30/2011
Decision Date:	04/21/2014	UR Denial Date:	12/08/2013
Priority:	Standard	Application Received:	12/18/2013

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, Pulmonary Diseases 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 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 patient is 50-year-old male who reported injury on 06/30/2011. Mechanism of injury was not provided. The patient's medication history included naproxen as of 06/2013, and tramadol, a PPI, and Viagra as of 10/2013. Documentation of 11/26/2013 revealed the patient's diagnoses were lumbar radiculopathy, lumbar disc degeneration, chronic pain other, and medication-related dyspepsia. The objective examination revealed the patient had a moderate reduction secondary to pain. The patient's pain level was noted to be unchanged with an average pain level of 6/10 with medications and 9/10 without medications. The request was made for naproxen, pantoprazole, tramadol, and Viagra 100 mg tablets

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Naproxen-Sodium 550mg (through [REDACTED]): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: California MTUS Guidelines indicate that NSAIDs are recommended for short-term symptomatic relief of low back pain and there should be documentation of objective

functional improvement and an objective decrease in the VAS score. Clinical documentation submitted for review indicated the patient had been taking the medication for 4 months. There is documentation of an objective decrease in the VAS score. There is lack of documentation indicating objective functional improvement. Given the above, the request for 60 naproxen sodium 550 mg (through [REDACTED]) is not medically necessary

60 Tramadol 50mg (through [REDACTED]): Upheld

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 Medications for Chronic pain, ongoing management, Opioids, dosing Page(s): 86.

Decision rationale: California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in the VAS score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. Clinical documentation submitted for review indicated the patient was taking the medication since 10/2013. There is documentation of an objective decrease in the VAS score. There was lack of documentation of objective improvement in function, and evidence that the patient was being monitored for aberrant drug behavior and side effects. Given the above, the request for 60 tramadol 50 mg (through [REDACTED]) was not medically necessary

5 Viagra 100mg (through [REDACTED]): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110.

Decision rationale: California MTUS Guidelines indicate that testosterone replacement for hypogonadism is recommended in limited circumstances for patients taking high dose, long-term opioids with documented low testosterone levels. Clinical documentation submitted for review failed to indicate the patient had a low testosterone level. It failed to indicate the patient had signs and symptoms to support the necessity of Viagra. The patient was noted to be taking the medication for greater than 1 month. There was lack of documentation of the efficacy of the requested medication. Given the above, the request for 5 Viagra 100 mg (through [REDACTED]) is not medically necessary