MAXIMUS Federal Services

Case Number:	CM13-0069895		
Date Assigned:	01/03/2014	Date of Injury:	07/19/2012
Decision Date:	04/21/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/23/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 52-year-old male with date of injury of 07/19/2012. The treating physician's report 11/13/2013, the patient presents with complaints of neck pain, radiating symptoms down both arms, low back pain radiation down to both lower extremities, pain in the mid-back. The patient has intensity of pain at 7/10 with medications and without medications at 9/10. Pain increases with activity, walking. Pain is reported as unchanged since last visit. The patient's diagnoses area radiculopathy, chronic pain disorder, and hypertension. Also states that the patient is status post cervical fusion from 10/17/2013 and that the patient has developed opiate-tolerance due to long-term opiate use. [redacted] report from 09/11/2013 states that the patient's symptoms are all getting worse with the low back, both legs, and extreme pain is rated 9/10 to 10/10. The patient feels that the Percocet is not as effective as before and is taking it more often. The patient was advised to bring this up with [redacted] who is managing the pain medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10/325MG #120:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid use Page(s): 88-89.

Decision rationale: The MTUS Guidelines has specific requirements regarding chronic use of opiates. Pain assessment and function must be compared to baseline. At intervals of 6 months, numeric scale needs to be used to denote functional changes or via use of a validated instrument. The 4 A's must be addressed including analgesia, activities of daily living, adverse effects, aberrant behavior. The only documentation regarding patient's pain assessment and function are that the patient's pain is improved from 9/10 without medications, down to 7/10 with medications. However, there is no documentation of functional improvement. For example, report dated10/17/2013 by [redacted] shows that the patient's pain is worsening at 8/10 pain, has difficulty with grooming and showering. There is no evidence that use of Percocet has done anything for this patient. Additionally, [redacted] believes that the patient has developed opioid tolerance. Based on the review of the reports, the patient does not appear to be benefitting from use of these medications. Significant change or improvement in activities of daily living has not been addressed in reference to use of Percocet. The request for Percocet 10/325mg #120 is not medically necessary and appropriate.

VIAGRA 100MG #3 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine--National Institutes of Health electronic database.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy Bulletin: Erectile Dysfunction.

Decision rationale: MTUS, ACOEM, nor ODG Guidelines discuss Viagra. However, for erectile dysfunction, [redacted] requires comprehensive history and physical examination, duplex scan in conjunction with intracorporeal papaverine, pharmacological response test for erectile dysfunction, etc. Requires a number of different laboratory testing. It also states, "Many [redacted] benefit plans exclude coverage of drugs for lifestyle enhancement or performance." In this patient, the patient's erectile dysfunction diagnosis has not been established. There are no laboratory studies and no diagnostic workup to establish erectile dysfunction. Furthermore, the treating physician has not identified Viagra as a mere lifestyle enhancement or performance. The patient has not had testosterone level checked either. The request for Vicodin 100mg # 3 refills is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR A URINE DRUG TEST (UDT): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to Avoid Opioid Misuse Page(s): 94-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: he MTUS Guidelines allow for use of urine drug screen for monitoring chronic opiate use. However, it does not discuss how frequently urine drug screens should be obtained. The Official Disability Guidelines (ODG) provide more specific recommendations regarding frequency of urine drug screen needed. For low-risk patients, it recommends first urine drug screen within the first 6 months, and then after that, yearly urine drug screen. In this case, there were urine drug screens referenced on 07/17/2013, 11/11/2013, 11/06/2013. However, the 11/06/2013 urine drug screen was apparently for preoperative clearance which was performed by internal medicine physician. The urine drug screens from 07/17/2013 and 11/13/2013 were for patient's opiates monitoring. Therefore, 2 urine drug screens within the first year of opiate management can be considered supported. The retrospective request for A Urine Drug Test (UDT) is medically necessary and appropriate.