

Case Number:	CM14-0105183		
Date Assigned:	07/30/2014	Date of Injury:	02/19/2013
Decision Date:	10/08/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/07/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 43-year-old male who reported an injury after the injured worker slipped and fell on 02/19/2013. The clinical note dated 07/22/2014 indicated diagnoses of lumbar L5-S1 discopathy, desiccation and neural foraminal narrowing. The injured worker reported low back pain and bilateral lower extremity pain of his legs. The injured worker reported he had undergone an MRI of the low back as well as an EMG of the lower extremities. The injured worker reported he had undergone an epidural in the past with minimal benefit of 6 to 9 days. On physical examination, there was tenderness and spasms. Range of motion was reduced. The injured worker ambulated with an antalgic gait with painful heel to toe walk on the left and right. The injured worker had decreased bilateral L5-S1 sensation. The injured worker's straight leg raise was to 60 degrees on the left and 70 degrees on the right. The injured worker had 3/5 motor power that was restricted on extension of the quadriceps. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included tramadol, Naproxen, Prilosec, and Viagra. The provider submitted a request for the above medications. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG 1 CAP PO BID PM Qty 60: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for PRILOSEC 20MG 1 CAP PO BID PM Qty 60 is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had gastrointestinal bleeding, perforations, or peptic ulcers. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, there is lack of documentation of efficacy and functional improvement with the use of Prilosec. Therefore, the request for PRILOSEC 20MG 1 CAP PO BID PM Qty 60 is not medically necessary.

VIAGRA 100MG 1 TAB PO BEFORE ACTIVITY PM Qty 10: 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 Other Medical Treatment Guideline or Medical Evidence: MedlinePlus, Viagra, online database, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a699015.html>.

Decision rationale: The request for VIAGRA 100MG 1 TAB PO BEFORE ACTIVITY PM Qty 10 is not medically necessary. According to MedlinePlus sildenafil (Viagra) is used to treat erectile dysfunction in men. Sildenafil (Revatio) is used to improve the ability to exercise in adults with pulmonary arterial hypertension (PAH; high blood pressure in the vessels carrying blood to the lungs, causing shortness of breath, dizziness, and tiredness). Sildenafil is in a class of medications called phosphodiesterase (PDE) inhibitors. Sildenafil treats erectile dysfunction by increasing blood flow to the penis during sexual stimulation. This increased blood flow can cause an erection. Sildenafil treats PAH by relaxing the blood vessels in the lungs to allow blood to flow easily. There is lack of documentation of efficacy and functional improvement with the use of Viagra. In addition, it was not indicated how long the injured worker had been utilizing this medication. Therefore, the request for VIAGRA 100MG 1 TAB PO BEFORE ACTIVITY PM Qty 10 is not medically necessary.

ULTRACET 37.5/325MG 1 TAB PO Q8 PAIN #60: 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 Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for ULTRACET 37.5/325MG 1 TAB PO Q8 PAIN #60 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation for risk of aberrant drug use, behaviors, and side effects. Therefore, the request for ULTRACET 37.5/325MG 1 TAB PO Q8 PAIN #60 is not medically necessary.