

<b>Case Number:</b>	CM14-0013742		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	06/07/1996
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 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 carpal tunnel syndrome, ulnar neuritis, and postconcussion syndrome reportedly associated with an industrial injury of June 7, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; muscle relaxants; topical agents; and proton pump inhibitors. In a Utilization Review Report dated January 24, 2014, the claims administrator denied a request for Imipramine, Isometh-Acetaminophen, Levitra, Nexium, Voltaren gel, Soma, Plavix, and Alfuzosin. The applicant's attorney subsequently appealed. In a December 31, 2013 handwritten progress note, the applicant was placed off of work, on total temporary disability, owing to issues associated with ankle pain, carpal tunnel syndrome, postconcussion syndrome, and neuritis. It was stated that the applicant would remain off of work until the reevaluation. The progress note was sparse, handwritten, difficult to follow, not entirely legible, and contained very little in the way of narrative commentary. No mention or discussion of medication usage was incorporated into the progress note. In a February 16, 2013 Emergency Department note, the applicant apparently presented with a flare of chronic low back pain. The applicant's medication list at that point included Celebrex, Tofranil, Doxepin, Medrol, Plavix, Norco, Ultram, Soma, Requip, Bystolic, Nexium, Uroxatral, Levitra, Lasix, DHEA, Zyrtec, Voltaren, and Doxycycline. The applicant was apparently given pain medications in the emergency department and discharged home on Vicodin, Zofran, Dilaudid, and Robaxin.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**IMIPRAM HCL TAB 50MG, #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 13.2. MTUS page 7. Page(s): 13, 7. Decision based on Non-MTUS Citation . National Library of Medicine (NLM), Imipramine Medication Guide.

**Decision rationale:** Imipramine, per the National Library of Medicine, is an antidepressant medication. While page 13 of the MTUS Chronic Pain Medical Treatment Guidelines does support antidepressants in the treatment of chronic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider incorporates some discussion of medication efficacy into his choice of recommendations. In this case, however, no discussion of medication efficacy was incorporated in any recent progress note. The fact that the applicant remains off of work, on total temporary disability, implies that ongoing usage of Imipramine has not been altogether successful. Therefore, the request is not medically necessary.

**ISOMETH/APAP CAP DICHOR, #180 WITH 1 REFILL: 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 9792.20f.. MTUS page 7. Page(s): 7. Decision based on Non-MTUS Citation National Library of Medicine (NLM), Midrin Medication Guide.

**Decision rationale:** Midrin, per the National Library of Medicine, is used to treat migraine headaches. In this case, not only does the documentation on file fail to establish a diagnosis of migraine headaches, it likewise fails to incorporate any discussion of medication efficacy. The fact that the applicant is off of work, on total temporary disability, implies that ongoing usage of Midrin has not been altogether successful. The fact that the applicant is intermittently visiting emergency department with intermittent flares of pain likewise implies that ongoing usage of Midrin has not been altogether successful in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.

**LEVITRA TAB 20MG, #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 American Urologic Association (AUA), Management of Erectile Dysfunction Guidelines.

**Decision rationale:** The MTUS does not address the topic. As noted by the American Urologic Association, applicants using Levitra for erectile dysfunction should be periodically followed upon to determine efficacy, side effects, and/or any significant changes in health status. In this case, the attending provider has not outlined how or why Levitra is used and/or whether or not it has been successful. No discussion of ongoing Levitra usage was incorporated into any of recent progress notes provided. Therefore, the request is not medically necessary.

**LEVITRA TAB 20MG:** 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 Urologic Association (AUA), Management of Erectile Dysfunction Guidelines.

**Decision rationale:** The MTUS does not address the topic. As noted by the American Urologic Association, applicants using Levitra for erectile dysfunction should be periodically followed upon to determine efficacy, side effects, and/or any significant changes in health status. In this case, the attending provider has not outlined how or why Levitra is used and/or whether or not it has been successful. No discussion of ongoing Levitra usage was incorporated into any of recent progress notes provided. Therefore, the request is not medically necessary.

**NEXIUM CAP 40MG, #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 69, NSAIDs, GI Symptoms, and Cardiovascular Risk topic. Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Nexium to combat NSAID-induced dyspepsia, in this case, however, the progress note provided failed to outline any issues with reflux, dyspepsia, and/or heartburn, either NSAID-induced or stand-alone. No rationale for selection and/or ongoing usage of Nexium was proffered by the attending provider. Therefore, the request is not medically necessary.

**VOLTAREN GEL 1%, #400:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 112, Topical Voltaren/Diclofenac section. Page(s): 112.

**Decision rationale:** As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, Voltaren gel has not been evaluated for treatment for issues involving the spine, hip, and/or shoulder. In this case, the applicant's primary generator is in fact the lumbar spine/lower back, a body part for which Voltaren gel has not been evaluated, per page 112 of the MTUS Chronic Pain Medical Treatment Guidelines. No rationale for selection and/or ongoing usage of Voltaren gel in the face of the unfavorable MTUS position on the same was proffered by the attending provider. Therefore, the request is not medically necessary.

**ALFUZOSIN TAB 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 National Library of Medicine (NLM), Alfuzosin Medication Guide.

**Decision rationale:** The MTUS does not address the topic. Alfuzosin or Uroxatral, per the National Library of Medicine, is employed to treat urinary disturbance associated with benign prostatic hypertrophy. In this case, however, as with the other medications, no rationale for selection and/or ongoing usage of Alfuzosin was proffered by the attending provider. It was not clearly stated that the applicant was in fact having issues with benign prostatic hypertrophy and/or associated difficulties with urinary flow. It was not stated whether or not the request in question was representing a first-time request or a renewal request. Therefore, the request is not medically necessary.

**CARISOPRODOL TAB 350MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 29, Carisoprodol topic. Page(s): 29.

**Decision rationale:** As noted on page 29 of the MTUS Chronic Pain Medical Treatment Guidelines, Carisoprodol or Soma is not recommended for chronic pain purposes, particularly when employed in conjunction with opioid agents. In this case, no rationale for selection and/or ongoing usage of Carisoprodol in the face of the unfavorable MTUS position on the same was proffered by the attending provider. The fact that the applicant remains off of work, on total temporary disability, implies that ongoing usage of Carisoprodol has been unsuccessful in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.

**CLOPIDOGREL TAB 75MG, #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 National Library of Medicine (NLM), Clopidogrel Medication Guide.

**Decision rationale:** The MTUS does not address the topic. While the National Library of Medicine notes that Clopidogrel or Plavix is a blood thinner used to help prevent stroke, heart attack, and/or other heart problems, in this case, however, it has not been clearly outlined why Clopidogrel is being employed here. No rationale for selection and/or ongoing usage of Clopidogrel was proffered by the attending provider. Therefore, the request is not medically necessary.