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| Case Number: | CM14-0015390 | | |
| Date Assigned: | 02/28/2014 | Date of Injury: | 11/20/2009 |
| Decision Date: | 06/30/2014 | UR Denial Date: | 01/28/2014 |
| Priority: | Standard | Application Received: | 02/06/2014 |

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 and Rehabilitation and is licensed to practice in Texas. 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 42 year old male injured on 11/20/09 due to an undisclosed mechanism of injury. Current diagnoses include lumbosacral spondylosis without myelopathy, unspecified testicular dysfunction, and unspecified vitamin deficiency. Prior treatment includes physical therapy, medication management, home exercise program, and heat. The clinical note dated 01/13/14 indicates the injured worker presented with complaints of pain to the neck described as throbbing with radiation into the head causing frequent migraine headaches. The injured worker reports 2 migraine headaches per week with intermittent radiation into the shoulders progressing into bilateral upper extremities with a tingling sensation and twitching in his digits. The injured worker also complains of pain in the lower back with muscle tightness and spasm. The injured worker reports intermittent radiation into the thighs with a sharp stabbing sensation. Additionally, the injured worker complains of left knee pain described as intermittent, throbbing with occasional hot and burning sensations. It is noted that the injured worker reports pain to the legs and knees will decrease with the use of medications, heat packs, and elevation of the extremities. The injured worker utilizes Norco to reduce the severity of pain in his lower back and knees and denies adverse effects. Physical examination reveals sensation intact to bilateral upper and lower extremities, reflexes are 2+ bilaterally, muscle strength is 5/5 in all muscle groups, straight leg raise is negative bilaterally, sacroiliac distraction test is negative bilaterally, the injured worker was able to heel toe walk. Current medications include Propranolol ER 80mg QHS, Norco 10/325mg QID, and Viagra 100mg PRN. The initial request for L4, L5, and S1 right medial branch block, Viagra 100mg, quantity #30, and Celebrex 200mg, quantity #30 was initially non-certified on 01/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4, L5, S1 RIGHT MEDIAL BRANCH BLOCK: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, , 300

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint intra-articular injections (therapeutic blocks)

Decision rationale: As noted in the Official Disability Guidelines - Online version, the patient complains of minimal lower back complaints on physical examination. Additionally, current guidelines recommend MBB be reserved for patients with Tenderness to palpation in the paravertebral areas (over the facet region) and absence of radicular findings, although pain may radiate below the knee. These were not indicated in the objective findings. As such, the request for L4, L5, S1 right medial branch block cannot be recommended as medically necessary.

VIAGRA 100MG, QTY #30: 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 Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), Facet joint.

Decision rationale: As noted on page 110 of the Chronic Pain Medical Treatment Guidelines, several factors can be attributed to sexual dysfunction to include the role of chronic pain itself on sexual function; the natural occurrence of decreased testosterone that occurs with aging; the documented side effect of decreased sexual function that is common with other medications used to treat pain (SSRIs, tricyclic antidepressants, and certain anti-epilepsy drugs); and the role of comorbid conditions such as diabetes, hypertension, and vascular disease in erectile dysfunction. There is little information in peer-reviewed literature as to how to treat opioid induced androgen deficiency. The clinical documentation provided no discussion regarding the necessity or use of Viagra. Additionally, there were no formal urological evaluations performed to establish the presence or cause of erectile dysfunction. As such, the request for Viagra 100MG, QTY #30 cannot be recommended as medically necessary at this time.

CELEBREX 200MG, QTY #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-INFLAMMATORY MEDICATIONS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, 9792.20, NSAIDs, specific drug list & adverse effects.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Celebrex 200MG, QTY #30 cannot be established as medically necessary.