

Case Number:	CM14-0117438		
Date Assigned:	08/06/2014	Date of Injury:	11/02/2012
Decision Date:	09/22/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/26/2014

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 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 33-year-old male who reported injury on 11/02/2012. The mechanism of injury was the injured worker was scooping chili out of a bin and the chilies were compacted. The injured worker put the scooper in and when he pressed it down he felt severe pain in his back and was stuck in the position for about 20 minutes. The injured worker's prior therapies included physical therapy, acupuncture, and an epidural steroid injection. The injured worker's medication history as of 02/2014 revealed the injured worker was utilizing Norco 5/325 three times a day and Xanax 2 mg twice a day. The surgical history was stated to be none. The diagnostic studies were noted to include an MRI of the lumbar spine, electromyography and nerve conduction studies. The most recent documentation submitted for review was dated 06/19/2014. The injured worker indicated he had no significant improvement since the last examination and continued to have significant pain. The injured worker's pain began in the low back and radiated to the lower extremities. The injured worker stated he was not able to perform activities of daily living without pain and was having sexual dysfunction due to pain. The injured worker was able to drive; however, not long distance. The physician documented the requested transportation to and from doctor visits and therapy visits as well as homecare. The physical examination revealed the injured worker had restricted range of motion and a straight leg raise was positive bilaterally. Sensation was reduced in the left L5 dermatomes. The diagnosis included lumbar radiculopathy. The treatment plan included transportation and homecare. The physician documented the injured worker had gained 20 to 30 pounds and his quality of life had dramatically decreased. The physician opined, the injured worker needed to be evaluated by a spine surgeon to determine if there were any surgical interventions that would decrease pain. The injured worker was noted to have failed conservative therapy and medications had helped temporarily. There was no Request for Authorization submitted for the requested medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

XANAX 2MG, # 60 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZAPINES Page(s): 24.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines BENZODIAZEPINES Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines as a treatment for chronic pain. There is a risk of psychological and physiologic dependence. It should not be utilized for longer than 4 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication for at least 4 months. There was a lack of documented objective functional benefit and documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. Given the above, the request for Xanax 2 mg #60 is not medically necessary.

CIALIS 10MG, #5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2643112/>.

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

Decision rationale: The California Medical Treatment & Utilization Schedule guideline recommend Testosterone replacement in limited circumstances for injured workers taking high-dose long-term opioids with documented low testosterone levels. The clinical documentation submitted for review failed to provide documentation of the injured worker's testosterone level to support the necessity for Cialis. The duration of use could not be established through the supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Give the above, the request for Cialis 10 mg #5 is not medically necessary.

NORCO 10/325MG, # 180 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75, 76-78, 79, 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN; ONGOING MANAGEMENT Page(s): 60; 78.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication for at least 4 months. There was a lack of documentation of the above criteria. There was a lack of documentation indicating a necessity for 1 refill without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Norco 10/325 #180 with 1 refill is not medically necessary.