

Case Number:	CM14-0157731		
Date Assigned:	10/01/2014	Date of Injury:	06/12/2002
Decision Date:	10/29/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/25/2014

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 Internal Medicine and is licensed to practice in Maryland. 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 employee was a 56-year old who sustained an industrial injury which resulted in cervical and lumbar radiculopathy. His MRI of cervical spine showed bilateral foraminal narrowing at C4-5, C3-4 and C6-7. His MRI of lumbar spine showed L5-S1 left sided foraminal narrowing. His prior treatment included physical therapy, TENS units, biofeedback, gym membership, epidural injections and oral medications. His symptoms included back and neck pain with radiation to all four extremities with paresthesias. He also had GI upset, constipation and nausea due to his medications. He had erectile dysfunction and had used Viagra in past without adverse effects. His dose had been decreased to 50mg from 100mg. On examination, he had decreased sensation in C7 and C8 distribution, positive Spurling's test and decreased sensation in bilateral calves. According to the Chronic Pain Medical Treatment guidelines, antiepilepsy drugs are recommended for neuropathic pain. In particular pregabalin is approved by FDA for fibromyalgia, diabetic neuropathy and post herpetic neuralgia. According to the article cited above, for chronic radiculopathy, one trial of pregabalin showed only small or unclear effects on pain, that may be offset by the side effects. Additional well designed trials are needed before antiepileptic medications can be recommended for low back pain with or without radiculopathy. In addition, despite being on Effexor XR and Lyrica, he was reported to have significant pain. Given the absence of FDA approved indications and given the ongoing pain despite being on Lyrica, the guideline criteria are not met for ongoing use of Lyrica. The request for Lyrica 50 mg, ninety count with two refills, is not medically necessary or appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lyrica 50 mg, ninety count with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin, Page(s): page(s) 19. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.uptodate.com/contents/subacute-and-chronic-low-back-pain-pharmacologic-and-noninterventional-treatment?source=machineLearning&search=radiculopathy+pregabalin&selectedTitle=4~150§ionRank=1&anchor=H6#H13>

Decision rationale: The employee was a 56-year old who sustained an industrial injury which resulted in cervical and lumbar radiculopathy. His MRI of cervical spine showed bilateral foraminal narrowing at C4-5, C3-4 and C6-7. His MRI of lumbar spine showed L5-S1 left sided foraminal narrowing. His prior treatment included physical therapy, TENS units, biofeedback, gym membership, epidural injections and oral medications. His symptoms included back and neck pain with radiation to all four extremities with paresthesias. He also had GI upset, constipation and nausea due to his medications. He had erectile dysfunction and had used Viagra in past without adverse effects. His dose had been decreased to 50mg from 100mg. On examination, he had decreased sensation in C7 and C8 distribution, positive Spurling's test and decreased sensation in bilateral calves. According to the Chronic Pain Medical Treatment guidelines, antiepilepsy drugs are recommended for neuropathic pain. In particular pregabalin is approved by FDA for fibromyalgia, diabetic neuropathy and post herpetic neuralgia. According to the article cited above, for chronic radiculopathy, one trial of pregabalin showed only small or unclear effects on pain, that may be offset by the side effects. Additional well designed trials are needed before antiepileptic medications can be recommended for low back pain with or without radiculopathy. In addition, despite being on Effexor XR and Lyrica, he was reported to have significant pain. Given the absence of FDA approved indications and given the ongoing pain despite being on Lyrica, the guideline criteria are not met for ongoing use of Lyrica. The request for Lyrica 50 mg, ninety count with two refills, is not medically necessary or appropriate.

Viagra 100 mg, fifteen count with three refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ERECTILE DYSFUNCTION GUIDELINES UPDATE PANEL, PAGE 78

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: <http://www.uptodate.com/contents/treatment-of-male-sexual-dysfunction?source=machineLearning&search=viagra&selectedTitle=6~150§ionRank=1&anchor=H5441264#H2242085186>

Decision rationale: The employee was a 56-year old who sustained an industrial injury which resulted in cervical and lumbar radiculopathy. His MRI of cervical spine showed bilateral foraminal narrowing at C4-5, C3-4 and C6-7. His MRI of lumbar spine showed L5-S1 left sided foraminal narrowing. His prior treatment included physical therapy, TENS units, biofeedback, gym membership, epidural injections and oral medications. His symptoms included back and neck pain with radiation to all four extremities with paresthesias. He also had GI upset, constipation and nausea due to his medications. He had erectile dysfunction and had used Viagra in past without adverse effects. His dose had been decreased to 50mg from 100mg. On examination, he had decreased sensation in C7 and C8 distribution, positive Spurling's test and decreased sensation in bilateral calves. Viagra is a phosphodiesterase-5 inhibitor that is indicated as a first line therapy for erectile dysfunction. The employee had erectile dysfunction according to the response letter from the treating provider. He had improvement with use of Viagra in past and had no adverse effects. His dose had been decreased to 50mg. Given his diagnosis of ED, prior use of Viagra without known side effects and ongoing symptoms of erectile dysfunction, the request for Viagra 100 mg, fifteen count with three refills, is medically necessary and appropriate.

Pantoprazole 20 mg, thirty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS, CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk, page(s) 6.

Decision rationale: The employee was a 56-year old who sustained an industrial injury which resulted in cervical and lumbar radiculopathy. His MRI of cervical spine showed bilateral foraminal narrowing at C4-5, C3-4 and C6-7. His MRI of lumbar spine showed L5-S1 left sided foraminal narrowing. His prior treatment included physical therapy, TENS units, biofeedback, gym membership, epidural injections and oral medications. His symptoms included back and neck pain with radiation to all four extremities with paresthesias. He also had GI upset, constipation and nausea due to his medications. He had erectile dysfunction and had used Viagra in past without adverse effects. His dose had been decreased to 50mg from 100mg. On examination, he had decreased sensation in C7 and C8 distribution, positive Spurling's test and decreased sensation in bilateral calves. The Chronic Pain Medical Treatment guidelines recommend either stopping the NSAID, switching to a different NSAID or considering PPI or H2-receptor antagonists for dyspepsia secondary to NSAID therapy. According to the denial response letters from the treating provider, the employee had ongoing GI symptoms due to aspirin and NSAIDs with nausea. Given the ongoing dyspepsia, the request for Pantoprazole 20 mg, thirty count, is medically necessary and appropriate.