

Case Number:	CM14-0164587		
Date Assigned:	10/09/2014	Date of Injury:	10/28/2003
Decision Date:	12/03/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/07/2014

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 Emergency 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 injured worker is a 58 year-old male, who sustained an injury on October 28, 2003. The mechanism of injury is not noted. Diagnostics have included: February 22, 2014 drug screen. Treatments have included medications. The current diagnosis is lumbar sprain. The stated purpose of the request for Norco 2.5/325mg BID #60 was for pain. The request for Norco 2.5/325mg BID #60 was denied on September 30, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Temazepam 15mg #30 was for sleep. The request for Temazepam 15mg #30 was denied on September 30, 2014, citing a lack of guideline support for its long-term use. The stated purpose of the request for Levitra 20mg #30 was for erectile dysfunction. The request for Levitra 20mg #30 was denied on September 30, 2014, citing a lack of documentation of specific testicular injury. The stated purpose of the request for Norco 10/325mg #60 was for pain. The request for Norco 10/325mg #60 was denied on September 30, 2014, citing a lack of documentation of functional improvement. Per the report dated September 20, 2014, the treating physician noted complaints of back pain with some relief from medications, increased right testicular pain with incomplete help from Levitra in regards to erection problem, back pain with radiation to both lower extremities, inability to sleep. Exam findings included lumbar tenderness and decreased range of motion; decreased sensation left lateral leg and decreased lower extremities reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain Page(s): 78-80, 80-82.

Decision rationale: The requested Norco 2.5/325mg BID #60 is not medically necessary. The California MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has back pain with some relief from medications, increased right testicular pain with incomplete help from Levitra in regards to erection problem, back pain with radiation to both lower extremities, inability to sleep. The treating physician has documented lumbar tenderness and decreased range of motion; decreased sensation left lateral leg and decreased lower extremities reflexes. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 2.5/325mg BID #60 is not medically necessary.

Temazepam 15mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (updated 09/29/14)

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

Decision rationale: The requested Temazepam 15mg #30 is not medically necessary. The California MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has back pain with some relief from medications, increased right testicular pain with incomplete help from Levitra in regards to erection problem, back pain with radiation to both lower extremities, inability to sleep. The treating physician has documented lumbar tenderness and decreased range of motion; decreased sensation left lateral leg and decreased lower extremities reflexes. The treating physician has not documented duration of treatment, the medical indication for continued use of this benzodiazepine medication, or objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Temazepam 15mg #30 is not medically necessary.

Levitra 20mg #30: 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/pubmed/14626653>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate Evaluation of male sexual dysfunction

Decision rationale: The requested Levitra 20mg #30 is not medically necessary. The California MTUS and Official Disability Guidelines are silent on this issue. As a second tier reference, UpToDate Evaluation of male sexual dysfunction, provide sample guidelines for the evaluation of erectile dysfunction, which should direct treatment options. The injured worker has back pain with some relief from medications, increased right testicular pain with incomplete help from Levitra in regards to erection problem, back pain with radiation to both lower extremities, inability to sleep. The treating physician has documented lumbar tenderness and decreased range of motion; decreased sensation left lateral leg and decreased lower extremities reflexes. The treating physician did not document genitourinary symptoms or exam findings, testosterone levels, any derived functional benefit from any previous use, nor rule out other causes of erectile dysfunction. The criteria noted above not having been met, Levitra 20mg #30 is not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80, 80-82.

Decision rationale: The requested Norco 10/325mg #60 is not medically necessary. The California MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has back pain with some relief from medications, increased right testicular pain with incomplete help from Levitra in regards to erection problem, back pain with radiation to both lower extremities, inability to sleep. The treating physician has documented lumbar tenderness and decreased range of motion; decreased sensation left lateral leg and decreased lower extremities reflexes. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions, or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #60 is not medically necessary.