

Case Number:	CM14-0166881		
Date Assigned:	10/14/2014	Date of Injury:	01/16/2003
Decision Date:	11/17/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/09/2014

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, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 56 year-old male with a history of a work injury occurring on 01/16/03. He continues to be treated for low back pain, hip and knee pain, and hand and wrist pain. He was seen on 01/09/14. Pain was rated at 6-10/10. Medications were Viagra, Tizanidine, Senna, OxyContin, Oxycodone, Lorazepam, Lidoderm, Inderal, Fortesta gel, and Docusate. Physical examination findings are limited to measurement of vital signs. Recommendations included a continued home exercise program. Medications were refilled. On 04/08/14 medications are referenced as decreasing pain and suffering and increasing the claimant's ability to participate in activities of daily living. On 05/09/14 Fioricet was discontinued and Relpax was prescribed. On 08/14/14 he was having ongoing symptoms. He continued to be disabled. Urine drug screening was consistent with prescribed medications. On 09/11/14 his condition was stable. The assessment references ongoing bilateral hip and knee pain, low back pain, thoracic spine pain, right upper extremity pain, cervical spine pain with cervicogenic headaches, and psoriasis. Authorization for Treximet was requested. OxyContin 60 mg three times per day, Oxycodone 15 mg four times per day, Tizanidine 4 mg two times per day, Treximet, Viagra, Lorazepam, Fortesta gel, and Docusate were prescribed. On 10/09/14 his condition appears unchanged. Medications were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fortesa 2% gel, four doses qam: 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 Assessment Approaches Page(s): 6. Decision based on Non-MTUS Citation (ODG) Chronic Pain, Testosterone replacement for hypogonadism

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic pain affecting multiple body parts. Medications include OxyContin and oxycodone at a total MED (morphine equivalent dose) of 360 mg/day. In this case, absent from the information provided are an adequate history and description of the claimant's sexual dysfunction and an appropriate assessment for possible underlying causes. Sexual dysfunction due to decreased libido may be 'primary' and due to psychologic causes, or secondary which would include hormonal deficiency, diabetes, atherosclerosis, hypertension, peripheral vascular disease, and pharmacologically-induced effects which, in this case, could be related to several of the claimant's currently prescribed medications. Additionally, although testosterone replacement can be recommended in limited circumstances for patients taking high-dose long-term opioids, criteria include documented low testosterone levels and the results of any testosterone level testing was not provided. Therefore, the request is not medically necessary.

Oxycodone 15mg/ml, 1.5 to 2 ml every 6 hours: 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 Opioids, criteria for use, Opioids, dosing.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic pain affecting multiple body parts. Medications include OxyContin and Oxycodone at a total MED (morphine equivalent dose) of 360 mg/day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED (morphine equivalent dose) being prescribed is 3 times the recommended MED. There are no unique features of this case that would support opioid dosing at this level and therefore Oxycodone is not considered medically necessary.

Tizanidine 4mg one tablet twice daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic pain affecting multiple body parts. Medications include opioids and Tizanidine being prescribed on a long term basis for muscle spasms. Tizanidine is a centrally acting alpha 2-adrenergic agonist that is FDA approved for the management of spasticity and prescribed off-label when used for low back pain. In this case, there is no identified new injury or acute exacerbation and Tizanidine is being prescribed on a long-term basis. It is therefore not medically necessary.

Treximet (sumatriptan/naproxen sodium) 85-50 mg, one tablet as needed for headaches, may repeat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.nlm.nih.gov

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: TREXIMET® Prescribing Guidelines

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic pain affecting multiple body parts. Diagnoses include cervical spine pain with cervicogenic headaches. Treximet is a combination medication containing the Triptan Sumatriptan and Naproxen sodium. Triptans are recommended for migraine sufferers. In this case, the claimant has a diagnosis of cervicogenic headaches. Therefore, Treximet was not medically necessary.

Viagra 100mg, one tablet daily as needed: 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 Official Disability Guidelines (ODG) Chronic Pain, Testosterone replacement for hypogonadism

Decision rationale: The claimant is more than 10 years status post work-related injury and continues to be treated for chronic pain affecting multiple body parts. Medications include OxyContin and Oxycodone at a total MED (morphine equivalent dose) of 360 mg/day. In this case, absent from the information provided are an adequate history and description of the claimant's sexual dysfunction and an appropriate assessment for possible underlying causes. Sexual dysfunction due to decreased libido may be 'primary' and due to psychologic causes, or secondary which would include hormonal deficiency, diabetes, atherosclerosis, hypertension, peripheral vascular disease, and pharmacologically-induced effects which, in this case, could be related to several of the claimant's currently prescribed medications. Additionally, although testosterone replacement can be recommended in limited circumstances for patients taking high-dose long-term opioids, criteria include documented low testosterone levels and the results of any testosterone level testing was not provided.

