MAXIMUS Federal Services

Case Number:	CM14-0176918		
Date Assigned:	10/30/2014	Date of Injury:	04/12/1996
Decision Date:	12/05/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/24/2014

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 Interventional Spine 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 patient is a 45-year-old male with date of injury of 04/12/1996. The listed diagnoses per [redacted] from 10/02/2014 are:1. Lumbosacral disc disease2. Status post L5 - S1 fusion3. Mild spurring along the hip regions bilaterally4. Posterior fusion at L5 - S15. Intervertebral disc degeneration and mild osteophytic encroachment on the neural foramina6. Hypogonadism secondary to chronic pain7. Failed spinal surgery syndrome from 20088. Status post discogram from February 20119. Documented instability in retrolisthesis at L4 - L5According to this report the patient complains of low back pain. He rates his pain at 9/10. The patient describes his pain as aching, pins and needles, spasming, deep, and shooting down his legs. Examination shows the patient has difficulty getting on and off the exam table. The patient has significant difficulty with range of motion testing with an acute exacerbation of his pain. There is tenderness across the lumbosacral area of the spine exacerbated by straight leg raise. He has transient radicular symptoms to his left leg. Strength of both lower extremities at 5/5. Sensory exam is intact. Straight leg raise is positive bilaterally. The documents include an MRI and x-ray of the lumbar spine from 11/27/2012 and progress reports from 01/02/2014 to 10/28/2014. The utilization review denied the request on 10/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #180: Overturned

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 criteria for initiating opioids Page(s): 76-78.

Decision rationale: The patient presents with low back pain. The treating physician is requesting Ms Contin 60 mg quantity 180. The California Medical Treatment Utilization Schedule (MTUS) Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patient's likelihood of improvement, likelihood of abuse, etc. The California MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records do not show a history of MS Contin use. While a trial is reasonable, there is no documentation regarding the use of Norco and why additional medication is required. The list of medications include Avinza, and the treater does not explain whether this is a switch to MS Contin. The treatment is medically necessary and appropriate.

Fortesta 10mg: Overturned

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) Pain Chapter on testosterone replacement treatments

Decision rationale: The patient presents with low back pain. The treating physician is requesting Fortesta 10 mg. Fortesta is a prescription medicine that contains testosterone. The MTUS and ACOEM Guidelines do not address this request. However, ODG Guidelines on testosterone replacement treatments for hypogonadism states that it is recommended in limited circumstances for patients taking high dose long-term opioids with documented low testosterone levels. Hypogonadism has been noted in patients receiving intrathecal opioids and long-term high-dose opioids.The records show that the patient was prescribed Androgel on 04/08/2014. The patient's current list of medications includes Colace, gabapentin, Avinza, Fortesta, Viagra, Norco, and Androgel. The 04/08/2014 report notes that the patient has very low testosterone levels and without Androgel "his daily function is low." The patient has a history of long term opiate use and the requested Fortesta is reasonable given the patient's current diagnosis of hypogonadism. The treatment is medically necessary and appropriate.

Norco 10/325mg: 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 CRITERIA FOR USE OF OPIOIDS, On-Going Management Page(s): 78,88,89.

Decision rationale: The patient presents with low back pain. The treating physician is requesting Norco 10/325 mg. For chronic opiate use, the California Medical Treatment Utilization Schedule (MTUS) Guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." California MTUS page 78 on ongoing management also require documentations of the 4 A's including analgesia, ADLs, adverse side effects, and aberrant drug-seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work and duration of pain relief. The record shows that the patient was prescribed Norco on 09/23/2013. The treater does not discuss medication efficacy, no specifics regarding ADLs, no significant improvement, no mention of quality of life changes and no discussions regarding "pain assessment" as required by California MTUS. There are no discussions regarding adverse side effects and aberrant drug seeking behaviors such as a urine drug screen. The treatment is not medically necessary and appropriate.

Viagra 100mg: 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 Other Medical Treatment Guideline or Medical Evidence: AETNA on Erectile Dysfunction

Decision rationale: The patient presents with low back pain. The treating physician is requesting Viagra 100 mg. The California Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG) Guidelines do not discuss Viagra specifically. Aetna Guidelines require comprehensive physical examination and lab work for a diagnosis of erectile dysfunction including medical, sexual, and psychosocial evaluation. It also does not support many performance enhancing drugs such as Viagara. The record shows that the patient was prescribed Viagra on 11/18/2013. The treater does not discuss erectile dysfunction. There is no psychosocial evaluation and no testosterone level provided. The treatment is not medically necessary and appropriate.