

Case Number:	CM14-0022680		
Date Assigned:	06/11/2014	Date of Injury:	10/01/1993
Decision Date:	08/12/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 60-year-old male who reported an injury on 10/01/1993. The mechanism of injury was not provided for clinical review. The diagnoses included lumbar disc degenerative, chronic pain, lumbar postlaminectomy syndrome, lumbar radiculopathy, status post thoracic spine 11 through 12 dissection, T7-8 compression fracture, and positive foot drop. The previous treatments included medication, surgery, an MRI, and home care. Within the clinical note dated 02/03/2014, it was reported the injured worker complained of neck pain. He noted the pain radiated down his bilateral upper extremities. The injured worker complained of low back pain. He reported the low back pain radiated down to the bilateral extremities. The injured worker rated his pain 8/10 in severity with medications, and 8/10 in severity without medications. On the physical examination of the lumbar spine, the provider noted spasms were present in the bilateral paraspinal musculature. The tenderness was noted upon palpation bilaterally in the paravertebral area of L4-S1 levels. Pain was significantly increased with flexion and extension. The sensory exam showed decreased sensation to light touch in the L4-S1 dermatome in both lower extremities. The provider requested for Viagra for date of service 02/03/2014, a second request for Viagra, Cymbalta, vitamin D 2000 IU, hydrocodone. However, a rationale is not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

VIAGRA 100 MG #5(DATE OF SERVICE 02/03/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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: MedlinePlus, Viagra, online database, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a699015.html>.

Decision rationale: The request for Viagra 100 mg #5, date of service 02/03/2014, is not medically necessary. The injured worker complained of neck pain, which radiated down to his bilateral upper extremities. The injured worker complained of low back pain, which he reported radiated down to the bilateral lower extremities. He rated his pain 8/10 in severity with and without medications. Medline Plus notes Viagra is used to treat erectile dysfunction, impotence, and inability to get or keep an erection in men. Viagra is used to improve the ability to exercise in adults with pulmonary arterial hypertension. Viagra treats erectile dysfunction by increasing blood flow in the penis during sexual stimulation. The increased blood flow can cause an erection. Viagra treats PAH, relaxing the blood vessels in the lungs to allow blood flow to flow easily. There is a lack of documentation indicating the injured worker was treated for or diagnosed with erectile dysfunction. There was a lack of significant objective findings indicating the injured worker is treated for pulmonary arterial hypertension. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

VIAGRA 100 MG #10(DATE OF SERVICE 02/03/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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: MedlinePlus, Viagra, online database, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a699015.html>.

Decision rationale: The request for Viagra 100 mg #10, date of service 02/03/2014, is not medically necessary. The injured worker complained of neck pain, which radiated down to his bilateral upper extremities. The injured worker complained of low back pain, which he reported radiated down to the bilateral lower extremities. He rated his pain 8/10 in severity with and without medications. Medline Plus notes Viagra is used to treat erectile dysfunction, impotence, and inability to get or keep an erection in men. Viagra is used to improve the ability to exercise in adults with pulmonary arterial hypertension. Viagra treats erectile dysfunction by increasing blood flow in the penis during sexual stimulation. The increased blood flow can cause an erection. Viagra treats PAH, relaxing the blood vessels in the lungs to allow blood flow to flow easily. There is a lack of documentation indicating the injured worker was treated for or diagnosed with erectile dysfunction. There is a lack of significant objective findings indicating the injured worker is treated for pulmonary arterial hypertension. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

CYMBALTA 30 MG #30 (DATE OF SERVICE 02/03/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 15.

Decision rationale: The request for Cymbalta 30 mg #30, date of service 02/03/2014, is not medically necessary. The injured worker complained of neck pain, which radiated down to his bilateral upper extremities. The injured worker complained of low back pain, which he reported radiated down to the bilateral lower extremities. He rated his pain 8/10 in severity with and without medications. The California MTUS Guidelines recommend antidepressants as a first-line option for neuropathic pain. The guidelines note Cymbalta is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant objective functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

VITAMIN D 2000 IU #100 (DATE OF SERVICE 02/03/2014): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Vitamin D (cholecalciferol).

Decision rationale: The request for vitamin D 200 IU #100, date of service 02/03/2014, is not medically necessary. The injured worker complained of neck pain, which radiated down to his bilateral upper extremities. The injured worker complained of low back pain, which he reported radiated down to the bilateral lower extremities. He rated his pain 8/10 in severity with and without medications. The ODG recommend vitamin D as a consideration for chronic pain patients and supplementation if necessary. The guidelines note vitamin D is under study as an isolated pain treatment, and vitamin D deficiency is not considered a Workman's Compensation condition. Musculoskeletal pain is associated with low vitamin D levels, but the relationship may be expanded by physical inactivity or other confounding factors. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the guidelines note vitamin D is under study and not recommended for vitamin D deficiency in Workman's Compensation. There is a lack of documentation indicating that injured worker is treated for vitamin D deficiency. Therefore, the request is not medically necessary.

HYDROCODONE 10/325 #30 (DATE OF SERVICE 02/03/2014): Upheld

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

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

Decision rationale: The request for hydrocodone 10/325 mg, #30, date of service 02/03/2014, is not medically necessary. The injured worker complained of neck pain, which radiated down to his bilateral upper extremities. The injured worker complained of low back pain, which he reported radiated down to the bilateral lower extremities. He rated his pain 8/10 in severity with and without medications. The California MTUS Guidelines note ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen for inpatient treatment or treatment with issues of abuse, addiction, or poor pain control. The provider did not document an adequate and complete pain assessment within the documentation. There is a lack of documentation indicating the medication had been providing objective functional benefit and improvement. The request submitted failed to provide the frequency of the medication. The injured worker has been utilizing the medication since at least 02/2014. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.