

Case Number:	CM14-0030467		
Date Assigned:	06/20/2014	Date of Injury:	07/26/2003
Decision Date:	07/23/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/10/2014

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 48 year old with an injury date on 7/26/03. Based on the 11/9/13 progress report provided by [REDACTED] the diagnosis is major depressive disorder, single episode, severe without psychotic features. Physical exam dated 8/8/13 showed that the patient was using cane to ambulate. Records showed a depressed effect and the genitalia suprapubic region was soft, non-tender, non-descended. The records further noted an angiomas on the scrotum and the testicles were tender to touch, with the left greater than right. The patient was wearing a diaper and erythema of groin area. [REDACTED] is requesting homecare assistant 24 hours a day 7 days a week, Klonopin 5mg #90, Viagra 100mg #5, and Neurontin 300mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Homecare assistant 24 hours a day for 7 days a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health Services Page(s): 51.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home health services Page(s): 51.

Decision rationale: This patient presents with continued moderate orthopedic back pain and urinary/fecal incontinence. The treating physician has asked for homecare assistant 24 hours a day 7 days a week; however, the request for authorization was not provided in the reports. On 8/8/13, the medical note states that the urinary incontinence seems to be a result of back injury. The 11/10/11 report states that the patient has substantial loss of function, fecal/urinary incontinence and requires 24/7 homecare assistance as patient cannot care for himself. The Chronic Pain Medical Treatment Guidelines recommend home care for otherwise recommended medical treatment for patients who are homebound, on a part-time or intermittent basis. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. In this case, patient does require homecare assistance for condition, but requested homecare 24 hours a day 7 days a week does not include a timeframe or end-date. This request is open-ended in duration. Furthermore, the request is for a 24-hour care, and there is no explanation as to why the patient requires 24-hour care. The patient is ambulating with a cane, and it would appear that the patient is able to transfer and do self-care. For these reasons, the requested homecare assistant is not medically necessary and appropriate.

Klonopin 0.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clonidine, Intrathecal Page(s): 35.

Decision rationale: This patient presents with continued moderate orthopedic back pain and urinary/fecal incontinence. The treating physician has asked for Klonopin 5mg #90 however, the request for authorization was not provided. The patient was taking Klonopin as of 8/9/05, 9/7/11, and 2/22/12 according to the medical report dated 8/8/13. The patient has tried and then discontinued other opioids including Vicodin, Norco, Butrans patch, and Tramadol. As of 8/8/13, patient has discontinued all opioids other than Klonopin. The Chronic Pain Medical Treatment Guidelines do not recommend benzodiazepines for chronic use. Based upon review of the records, Klonopin is not being used for a short-term. Therefore, the requested Klonopin 5mg is not medically necessary and appropriate.

Viagra 100mg #5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Website: www.drugs.com/pro/viagra.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation VIAGRA® Boxed Label and Aetna Clinical Policy Bulletin: Erectile Dysfunction Number: 0007.

Decision rationale: This patient presents with continued moderate orthopedic back pain and urinary/fecal incontinence. The treating physician has asked for Viagra 100mg #5, however, the

request for authorization was not provided. On 11/10/11, the patient was first diagnosed with erectile dysfunction. On 4/6/12, patient was taking Viagra. 8/8/13 Records show that the erectile dysfunction seems to be a result of back injury. As of 8/8/13, patient stated that Cialis was no longer effective, and Viagra is not as effective as in the past. Aetna considers the diagnosis and treatment of erectile dysfunction (impotence) medically necessary if diagnosis includes comprehensive history and physical examination, Duplex scan in conjunction with intracorporeal papaverine, Dynamic infusion cavernosometry and cavernosography, pharmacological response test for erectile dysfunction, Pudendal arteriography. Aetna also requires diagnosis to include the following laboratory tests: Biothesiometry, Blood glucose, Complete blood count, Creatinine, Hepatic panel, Lipid profile, Prostate specific antigen, Serum testosterone, Thyroid function studies, and Urinalysis. The treating physician has only provided physical exam, comprehensive history, and UDS. Based upon review of the available records, there is no documentation of a diagnosis of erectile dysfunction. Therefore, the requested Viagra 100mg is not medically necessary.

Neurontin 300mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clonidine Intrathecal Page(s): 35.

Decision rationale: This patient presents with continued radicular back pain, and urinary/fecal incontinence. The treating physician has asked for Neurontin 300mg #60 the request for authorization was not provided. Records show that the patient was taking Neurontin on 4/28/04, 11/17/09 and 11/14/13. The Chronic Pain Medical Treatment Guidelines state the use of Neurontin for neuropathic pain, there needs to be documentation of improvement of function, side effects, and pain relief of at least 30%. Neurontin is recommended by the guidelines as a trial for chronic neuropathic pain that is associated with spinal cord injury and CRPS, fibromyalgia, lumbar spinal stenosis. In this case, the patient has taken Neurontin in 2004, 2009, and as recently as 3 months ago, with no documentation of improvement of function or pain relief. Therefore, the requested Neurontin 300mg is not medically necessary.