

Case Number:	CM14-0040022		
Date Assigned:	06/27/2014	Date of Injury:	02/01/2005
Decision Date:	08/19/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/04/2014

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 Occupational 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 patient is a 49-year-old male who has submitted a claim for ankle pain, hypertension, impotence, and psychogenic pain associated with an industrial injury date of 02/01/2005. The medical records from 2013 to 2014 were reviewed. Patient complained of persistent, severe bilateral ankle and foot pain. Aggravating factors included prolonged standing and walking. Physical examination of bilateral ankle showed tenderness and painful range of motion. There were no swelling or effusion. Gait was antalgic. The treatment to date has included use of ankle brace, and medications such as Oxycontin, Opana IR, Viagra, Fortesta, nabumetone, venlafaxine, and aspirin. In a utilization review from 03/21/2014 modified the requests for Oxycontin 80mg, #90 into #38 and Opana IR 10mg, #90 into #30 for weaning purposes because of no overall improvement in function; denied Viagra 50mg, #10 because of no subjective complaints of erectile dysfunction; and denied nabumetone 500 mg, #60 because of no documentation of pain relief from its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycontin 80 mg. # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opioids as far back as March 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for 1 prescription of Oxycontin 80 mg. # 90 is not medically necessary.

1 prescription of Opana IR 10 mg. # 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on opioids as far back as March 2013. However, the medical records do not clearly reflect continued analgesia, continued functional benefit, or a lack of adverse side effects. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for 1 prescription of Opana IR 10 mg. # 90 is not medically necessary.

1 prescription of Viagra 50 mg. # 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Montague DK, Jarrow JP, Broderick GA, Dmochowski RR, Heaton JP, Lue TF, Milbank AJ, Nehra A, Sharlip ID, Erectile Dysfunction Guideline Update Panel, The Management of erectile dysfunction: an update. Linthicum (MD): American Urologic Association Education and Research, Inc; 2006 May, Various p. [78 references].

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: American Urological Association Treatment Guidelines, phosphodiesterase type 5 inhibitors.

Decision rationale: The CA MTUS does not address this topic specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, American Urological Association Treatment Guidelines, phosphodiesterase type 5 inhibitors was used instead. The American Urological Association Treatment Guidelines recommend phosphodiesterase type 5 inhibitors (Viagra) as a first-line therapy for erectile dysfunction. In this case, the patient was first prescribed Viagra in March 2013. However, there is no evidence that it has provided relief of symptoms. The documented rationale for prescribing Viagra was because of concomitant opioid use that may lead to opiate-induced hypogonadism. However, simultaneous request for opioid has been deemed not medically necessary. There is no clear indication for continuing Viagra treatment at this time. Therefore, the request for 1 prescription of Viagra 50 mg. # 10 is not medically necessary.

1 prescription of Nabumetone 500 mg. # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on nabumetone since August 2013 and noted beneficial effects from its use. However, long-term use is not recommended as cited by the guidelines above. There is no discussion concerning need for variance from the guidelines. Therefore, the request for 1 prescription of Nabumetone 500 mg. # 60 is not medically necessary.