

Case Number:	CM14-0050680		
Date Assigned:	06/23/2014	Date of Injury:	03/26/2008
Decision Date:	07/24/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/20/2014

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 Orthopedic Surgery 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 injured worker is a 49-year-old gentleman who was reportedly injured on April 26, 2008. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated January 13, 2014, indicates that there are ongoing complaints of shoulder pain. Current medications include Motrin, Ambien, Viagra, Effexor, Norco, and Scopolamine patches. The physical examination demonstrated limited right shoulder range of motion with abduction to 90°, forward flexion to 30°, and internal and external rotation to 30°. There was a positive impingement sign and crepitus with range of motion. A request was made for Norco, Effexor, Viagra, and Ibuprofen and was not certified in the pre-authorization process on March 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

prescription of Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Users of Opioids; Weaning of Medications Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 88 of 127.

Decision rationale: The attached medical record states that the injured employee takes Norco for severe pain however the California MTUS Medical Treatment Guidelines do not recommend long-term usage of opioid for chronic pain conditions. Continued usage should objectify pain

improvement, improved function and quality of life, evaluation of side effects and potential aberrant behavior. Without this information this request for Norco is not medically necessary.

1 prescription of Viagra 100 mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Guideline Update Panel The management of erectile dysfunction: an update. Linthicum (MD): American Urologic Association Education and Research, Inc.; 2006 May.

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: <http://www.mayoclinic.org/diseases-conditions/erectile-dysfunction/basics/causes/CON-20034244>.

Decision rationale: Based on the medical records provided for review, it is unclear that the injured employees compensable injury is related to erectile dysfunction. There are multiple causes of erectile dysfunction both physical and psychological that are unrelated the injured employee stated mechanism of injury of being hit in the neck. Without specific cause-and-effect relationship established between erectile dysfunction and the injured employee's mechanism of injury, the request for cannot be supported. The request for Viagra 100 mg # 10 is not medically necessary and appropriate.

Prospective request for 1 prescription of Effexor 75 mg#60: Upheld

Claims Administrator guideline: The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 13.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines antidepressants such as Effexor are indicated as a first line option for neuropathic pain. The recent progress note dated January 13, 2014 provided no objective evidence of neuropathic symptoms. Therefore, the request for Effexor 75 mg # 60 is not medically necessary and appropriate.

Prospective request for 1 prescription of Ibuprofen 800mg #90: Overturned

Claims Administrator guideline: The Claims Administrator based its decision on the MTUS Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, page 67.

Decision rationale: According to the recent medical record dated January 13, 2014, the injured employee relies on ibuprofen as the mainstay of his pain control and has demonstrated known efficacy. It is recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. As the dosage stated to provide adequate pain relief for the injured employee, this request meets MTUS guidelines. Therefore, the request for Ibuprofen 800 mg # 90 is medically necessary and appropriate.