

Case Number:	CM14-0052616		
Date Assigned:	08/06/2014	Date of Injury:	08/15/2006
Decision Date:	09/18/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/21/2014

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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 08/15/2006. The mechanism of injury was reported as picking up a 5 gallon bucket full of hydraulic oil from the tailgate of a pickup using his left arm. The diagnoses included CRPS type I of the upper limb, reflex sympathetic dystrophy of the lower limb, chronic pain syndrome, and insomnia. Prior treatments included a spinal cord stimulator trial, physical therapy, and a postoperative sling. Surgical history included an ulnar nerve transposition with epicondylectomy on 01/26/2006. Per the determination letter, the injured worker was seen on 03/13/2014 and reported he felt a little better since his last visit. The injured worker reported a pain level of 3/10 to 10/10. The injured worker's blood pressure was noted to be 158/97. Per the 04/17/2014 letter, the injured worker reported his medications brought his pain level of 10/10 down to 3/10 or 4/10. No clinical notes were submitted for review to include a current medication list and treatment plan. The rationale and request for authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prevacid 30mg qty #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The request for Prevacid 30mg quantity #30 is non-certified. The CA MTUS guidelines recommend proton pump inhibitors for injured workers taking NSAIDs with current gastrointestinal problems or those at risk for gastrointestinal event. Risks for gastrointestinal event include: age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. No clinical notes were submitted for review. The rationale for Prevacid was not provided. There is no indication the injured worker was experiencing current gastrointestinal problems or that he was at risk for gastrointestinal event. Based on this information, the request is not supported. As such, the request for Prevacid 30mg quantity #30 is non-certified.

Celebrex 200mg qty #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Celebrex 200mg quantity #30 is non-certified. The CA MTUS Guidelines state NSAIDs are recommended as an option for short-term symptomatic relief. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. No clinical notes were submitted for review to include a current medication list. The injured worker reported Celebrex helped with his pain relief and inflammation. He reported that he could walk farther and be a little more active with less pain. It was noted the medication was previously denied due to the injured worker's hypertension. According to the determination letter, on 03/13/2014 the injured worker had a blood pressure of 158/97. Nonetheless, the guidelines state that NSAIDs are not recommended to treat neuropathic pain and are only indicated as a short-term option. Based on this information, the request is not supported. As such, the request for Celebrex 200mg quantity #30 is non-certified.

Viagra 100mg qty #15: 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 RxList.com, Viagra, Indications and Dosage. <http://www.rxlist.com/viagra-drug/indications-dosage.htm>.

Decision rationale: The request for Viagra 100mg quantity #15 is non-certified. RxList.com states Viagra is indicated for the treatment of erectile dysfunction. For most patients, the

recommended dose is 50mg. Based on effectiveness and toleration, the dose may be increased to a maximum recommended dose of 100mg. The injured worker reported that due to his pain he could not have sex with his wife, and with Viagra he could. It was previously denied due to the lack of documentation regarding erectile dysfunction. No clinical notes were submitted for review. There is no indication of any urologic industrial injury. There is no documentation indicating the injured worker's erectile dysfunction was related to any of his prescribed medications. Based on this information, the request is not supported. As such, the request for Viagra 100mg quantity #15 is non-certified.

Percocet 10/325mg qty #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request for Percocet 10/325mg quantity #90 is non-certified. The CA MTUS Guidelines state opioid management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker reported that with his pain medications, his pain level decreased from 10/10 down to 3/10 to 4/10. He reported he could walk more and move better with less pain. No clinical notes were submitted for review. There is a lack of documentation regarding objective functional improvements, appropriate medication use, and side effects with the use of Percocet. Based on this information, continued use is not supported. As such, the request for Percocet 10/325mg quantity #90 is non-certified.

Oxycotin 30mg qty #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request for Oxycotin 30mg quantity #30 is non-certified. The CA MTUS Guidelines state opioid management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker reported that with his pain medications, his pain level decreased from 10/10 down to 3/10 to 4/10. He reported he could walk more and move better with less pain. No clinical notes were submitted for review. There is a lack of documentation regarding objective functional improvements, appropriate medication use, and side effects with the use of Percocet. Based on this information, continued use is not supported. As such, the request for Oxycotin 30mg quantity #30 is non-certified.

12 panel in-house urinalysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for 12 panel in-house urinalysis is non-certified. The CA MTUS Guidelines recommend drug testing as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. No clinical notes were submitted for review. There is a lack of documentation to determine when the last urine drug screen took place. A complete and current medication list was not provided. There is no indication the injured worker was misusing his medications or that the provider suspected him of misuse to warrant a urine drug screen. Based on this information, the request is not supported. As such, the request for 12 panel in-house urinalysis is non-certified.