

Case Number:	CM14-0057562		
Date Assigned:	07/09/2014	Date of Injury:	02/01/2005
Decision Date:	09/25/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/28/2014

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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 49-year-old male was reportedly injured on February 1, 2005. The mechanism of injury not listed in these records reviewed. Current medications were stated to include Oxycontin and Opana which were reported to help the injured employee function, do household chores, and participate in recreation. A letter dated April 2, 2014, stated that the injured employee requires Viagra for erectile dysfunction stating that he had opiate unit induced hypogonadism and persistent low testosterone and low libido. Urology consultation had recommended Viagra and a testosterone replacement. No physical examination was performed. Diagnostic imaging studies of the left lower extremity revealed advanced degenerative changes of the ankle. Previous treatment is unknown. A request had been made for Oxycontin and Opana and was not certified in the pre-authorization process on April 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Oxycontin 80mg #52: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: According to the MTUS Chronic Pain Guidelines, ongoing management of opioid medications should include screening for side effects. The attached medical record states that the injured employee has been diagnosed with hypogonadism as a side effect of opioid usage. Considering this, continued usage of opioid medications such as Oxycontin is not recommended. Therefore, this request for Oxycontin 80 mg is not medically necessary.

Prospective request for 1 prescription of Opana IR 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74, 78, 93.

Decision rationale: According to the MTUS Chronic Pain Guidelines, ongoing management of opioid medications should include screening for side effects. The attached medical record states that the injured employee has been diagnosed with hypogonadism as a side effect of opioid usage. Considering this, continued usage of opioid medications such as Opana IR is not recommended. Therefore, this request for Opana IR 10 mg is not medically necessary.