

Case Number:	CM14-0062997		
Date Assigned:	07/11/2014	Date of Injury:	11/18/2000
Decision Date:	09/08/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/05/2014

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 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 54-year-old male who reported an injury on 11/18/2000. The mechanism of injury was not stated. Current diagnoses include; chronic pain, failed back surgery syndrome, lumbar radiculopathy, status post lumbar fusion, history of small bowel obstruction, congestive heart failure, and status post failed spinal cord stimulator trial. The injured worker was evaluated on 03/11/2014 with complaints of ongoing neck pain radiating into the bilateral upper extremities, as well as lower back pain radiating into the bilateral lower extremities. The injured worker reported six out of ten pain with the current medication regimen. Physical examination revealed an antalgic and slow gait, spasm, tenderness, limited lumbar range of motion, and positive straight leg raising.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325MG, 90 count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 10/2013. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Trazadone 50MG, 30 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Mental Illness Stress Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-16. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress Chapter, Trazodone (Desyrel).

Decision rationale: California MTUS Guidelines state antidepressants are recommended for neuropathic pain and as a possibility for non-neuropathic pain. Official Disability Guidelines state trazodone is recommended as an option for insomnia only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. The injured worker does not maintain a diagnosis of insomnia, depression, or anxiety. The medical necessity for the requested medication has not been established. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Viagra 100MG, 5 count, 4 refills.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Viagra:
<http://www.ncbi.nlm.gov/pubmedhealth/PMHT0012114/?report=details> Sildenafil (by mouth).

MAXIMUS guideline: The Expert Reviewer based his/her decision on the Medical Treatment Guideline or Medical Evidence: www.nlm.nih.gov. U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 21 Aug 2014.

Decision rationale: According to the U.S. National Library of Medicine, Viagra is used to treat erectile dysfunction in men. The injured worker does not maintain a diagnosis of erectile dysfunction. The medical necessity for the requested medication has not been established. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Oxycontin 40MG, 60 count.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines-Criteria for Use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since 10/2013. There is no documentation of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.