

Case Number:	CM14-0067586		
Date Assigned:	09/18/2014	Date of Injury:	01/03/2007
Decision Date:	10/23/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	05/12/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 58-year-old male who reported an injury on 01/03/2007 when while working as a plumber, he slipped and fell in water. The injured worker complained of lumbar pain that radiated to the lower extremities, neck pain that radiated to the upper extremities, right hip pain, and erectile dysfunction. The diagnoses included lumbar radiculopathy, cervical strain, right shoulder strain with impingement, and gastrointestinal upset. Prior diagnostics included an MRI of the lumbar spine. The physical examination dated 03/04/2014 to the right shoulder revealed palpation showed slight tenderness of the right acromioclavicular region and subacromial, impingement sign was mildly positive to the right with a flexion of 130 and adduction of 120 degrees. On the lumbar spine inspection, palpation showed slight spasms with a flexion of 70 degrees of normal and extension 60 degrees of normal, straight leg raising test was positive on the right at 80 degrees in sitting and supine positions. Lasegue's test was negative bilaterally. The cervical spine evaluation revealed palpation with slight tenderness to the paracervical muscles, right side greater than left, Spurling's sign was negative bilaterally, flexion was 80% of normal, and extension was 60% of normal. The neurological examination revealed the usual gait was mostly normal. The medications included Viagra 100 mg, Ambien 10 mg, Norco 7.5/325 mg, Zantac 150 mg, ibuprofen 800 mg, and hydroquinone cream 2%. The treatment plan included followup in 3 months, refill of medications, authorization for a chiropractic consultation, and a psychiatric consultation. The Request for Authorization for the Viagra, Norco, and Ambien was submitted on 09/18/2014. The request for the Zantac and ibuprofen was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5MG #120: Upheld

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

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

Decision rationale: The request for Norco 7.5 mg #120 is not medically necessary. The California MTUS Guidelines recommend opiates for chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing for all opiates should not exceed 120 mg of oral morphine equivalent per day. The clinical notes did not address the objective functional improvement or evidence that the injured worker had been monitored for aberrant drug behavior and side effects. The request did not address the frequency. As such, the request is not medically necessary.

Viagra 100mg #10/Month Quantity and/or Refills Not Specified: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/pro/viagra.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Sexual function Page(s): 110-111.

Decision rationale: The request for Viagra 100 mg #10/month quantity and/or refills not specified is not medically necessary. The California MTUS Guidelines indicate that current trials of testosterone replacement in patients with documented low testosterone levels have shown a moderate non-significant and inconsistent effect of testosterone on erectile dysfunction, a large effect on libido, and no specific effect on overall sexual satisfaction. As such, the request is not medically necessary.

Ambien 10mg #30/Month Quantity and/or Refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain Chapter, Ambien

Decision rationale: The request for Ambien 10 mg #30/month quantity and/or refills is not medically necessary. The California MTUS/ACOEM do not address. The Official Disability Guidelines state that zolpidem is a prescription that is a short acting non-benzodiazepine hypnotic, which is approved for the short term, usually 2 to 6 weeks, treatment of insomnia.

Zolpidem is in the same drug class as Ambien. Proper sleep hygiene is critical to the individual with chronic pain and often is hard to obtain. Various medications may provide short term benefit. While sleeping pills, so called minor tranquilizers, and antianxiety agents are commonly prescribed in chronic pain, pain specialists rarely, if ever, recommend them for long term use. They can be habit forming and they may impair function and memory than opioid pain killers. There is also concern that they may increase pain and depression over the long term. Cognitive behavioral therapy should be an important part of an insomnia treatment plan. The Guidelines indicate that Ambien should be a short acting drug for the treatment of insomnia that is usually for 2 to 6 weeks. The clinical notes dated 04/25/2013 indicate the injured worker was taking the Ambien 10 mg 1 tablet every night before bed. Again, 03/04/2014 indicates that the injured worker was taking the Ambien 10 mg 1 tablet every night. The request is for 30 tablets, exceeding the recommended time frame of 2 to 6 weeks. The request does not address the frequency. As such, the request is not medically necessary.

Zantac 150mg QTY 60/month: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

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

Decision rationale: The request for Zantac 150 mg #60/month is not medically necessary. The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk of gastrointestinal events. The Guidelines recommend utilizing the following criteria to determine the injured workers at risk for gastrointestinal events: age greater than 65 years old; history of peptic ulcer, GI bleeding, or perforation; and concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose multi nonsteroidal anti-inflammatories. The clinical notes indicate that the injured worker had gastrointestinal upset due to the use of pain medication with acid reflux. It was also indicated that the stomach problems were also a compensable consequence due to the use of medication for the orthopedic injury. The clinical notes did not indicate if the injured worker's gastrointestinal issue was resolved or if he has had any perforations, GI bleed, or ulcers as a consequence. The clinical notes were vague and unclear. The request for the Zantac is unclear. The request does not indicate the frequency. As such, the request is not medically necessary.

Ibuprofen 800mg Qty unspecified: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonprescription medications Page(s): 67.

Decision rationale: The request for ibuprofen 800 mg quantity unspecified is not medically necessary. The California MTUS indicate that unknown prescription medications are

recommended such as ibuprofen. There should be caution of the daily dose of acetaminophen and liver disease if over 4 gm/day or in combination with any other nonsteroidal anti-inflammatory medications. The clinical note did not indicate a measurable function of pain or the efficacy the ibuprofen. The request did not indicate a frequency or duration. As such, the request is not medically necessary.

Chiropractic Consult for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Office Visit

Decision rationale: The request for chiropractic consult for the lumbar spine is not medically necessary. The California MTUS/ACOEM do not address. The Official Disability Guidelines recommend office visits for proper diagnosis and return to work of an injured worker. The need for a clinical office visit with the chiropractic provider is individualized based upon the review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The injured worker's conditions are extremely varied. A set number of office visits per condition cannot be reasonably established. Determination of the necessity for the office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with the eventual independence from the health care system through self-care as soon as clinically feasible. The injured worker's injury was over 7 years ago. The clinical notes lacked a medical necessity for an office visit. As such, the request is not medically necessary.