

Case Number:	CM14-0072852		
Date Assigned:	07/16/2014	Date of Injury:	09/17/2003
Decision Date:	10/28/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/20/2014

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 Internal Medicine 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 48 year old male who sustained an injury on 09/17/03 when he was involved in a motor vehicle accident while riding a motorcycle. The injured worker sustained an amputation of the right upper extremity and spent a prolonged period in a coma. The injured worker has been followed for multiple complaints to include the right shoulder, neck, low back, and left lower extremity. As of 05/02/14 the injured worker continued to note severe low back pain for which he was using up to 8 Norco per day without significant relief. The injured worker's physical exam noted ongoing tenderness to palpation in the lumbar region with moderate loss of range of motion. There was some sensory loss in the left lower extremity with a normal gait. The injured worker was sent for further radiographs at this evaluation. The injured worker's urine drug screen report from 05/04/14 noted positive findings for both Hydrocodone and Fentanyl as well as Amphetamines and benzodiazepines. The injured worker was recommended for lumbar fusion on 05/07/14. The injured worker was under a pain contract and had consistent CURES reports. The injured worker's medications were denied on 05/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Temazepam 30 mg # 90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence based guidelines do not support the long term use of benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: In review of the clinical documentation provided, the requested Temazepam 30mg quantity 90 with three refills would not be supported as medically necessary per current evidence based guideline recommendations. The chronic use of benzodiazepines is not recommended by current evidence based guidelines as there is no evidence in the clinical literature to support the efficacy of their extended use. The current clinical literature recommends short term use of benzodiazepines only due to the high risks for dependency and abuse for this class of medication. The clinical documentation provided for review does not specifically demonstrate any substantial functional improvement with the use of this medication that would support its ongoing use. As such, continuing use of this medication is not recommended.

Viagra 100 mg # 30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Certification for the requested Viagra 100 mg # 90 with 3 refills =4 is not recommended. Evidence based guidelines necessitate documentation of erectile dysfunction to support the medical necessity of Viagra.

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: Viagra. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In review of the clinical documentation provided, the requested Viagra 100 milligrams quantity 30 with three refills would not be supported as medically necessary per current evidence based guideline recommendations. Viagra is recommended to address erectile dysfunction in males. The clinical documentation submitted for review does not provide any updated evidence regarding the presence of erectile dysfunction through urological evaluation that would support the extended use of this medication. As such, this medication is not medically necessary.

Divalproex Sodium 250 mg # 540 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "There is no documentation of a condition/diagnosis for which Divalproex sodium is indicated."

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

Decision rationale: In review of the clinical documentation provided, the requested Divalproex 250mg quantity 540 with three refills would not be supported as medically necessary per current evidence based guideline recommendations. This medication is indicated in the treatment of epilepsy and seizure disorders but is also used in patients to help stabilize depression symptoms.

In this case, the injured worker does present with complaints and objective findings consistent with radiculopathy; however, this medication is not supported in the current literature as effective in the treatment of neuropathic complaints over other first line anticonvulsants or antidepressants. There are no other noted indications for the use of this medication based on the documentation provided. As such, this medication is not medically necessary.

Vytorin 10-40 mg # 90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physicians Desk Reference

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: Vytorin. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In review of the clinical documentation provided, the requested Vytorin 10/40 milligrams quantity 90 with three refills would not be supported as medically necessary per current evidence based guideline recommendations. This medication is indicated for patients with multiple risk factors for atherosclerotic disease due to hypercholesterolemia. The clinical documentation provided for review did not include a recent cardiovascular assessment establishing risk factors for atherosclerotic disease or indications of elevated lipid levels that would support the use of this medication. As such, this medication is not medically necessary.

Vyvanse 70 mg # 90 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation "Evidence based guidelines necessitate documentation of attention Deficit Hyperactivity Disorder to support the medical necessity of VyVance."

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: Vyvanse. (2013). In Physicians' desk reference 67th ed.

Decision rationale: In review of the clinical documentation provided, the requested Vyvanse 70 milligrams quantity 90 with three refills would not be supported as medically necessary per current evidence based guideline recommendations. This medication is indicated in the treatment of ADHD which is not established for this injured worker based on the clinical documentation provided for review. The use of Vyvanse for any other indication would be considered off label and not medically necessary.