MAXIMUS Federal Services

Case Number:	CM14-0073804		
Date Assigned:	08/11/2014	Date of Injury:	06/16/2012
Decision Date:	10/09/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/21/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 case involves a 57 year-old male with a 6/16/12 date of injury. His diagnoses include: disc herniation L4/5; L4/5 instability; and s/p ALDF L4/5 on 12/10/13. According to the 4/28/14 report from [redacted], the patient has been doing well and is about the same. The patient requests medication refills, and PT. [redacted] requests a UDS, PT and refills the medications. On 5/6/14, UR recommended non-certification for PT 2x4; a full panel drug screen; Cialis 10mg #20; "Nanprox DS 550mg#90"; Norflex 100mg#60; Ultram 150mg #60; and Menthoderm ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 additional Physical Therapy visits: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) postsurgical treatment guidelines apply. The available records show the patient has had 23 post-operative physical therapy sessions through 4/28/14. The PT notes document functional

improvement and there is room for additional improvement. MTUS postsurgical treatment guidelines state: "If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period." The request is in accordance with California Medical Treatment Utilization Schedule (MTUS) postsurgical treatment guidelines. Treatment is medically necessary and appropriate.

Full Panel Drug Screen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines for Steps to avoid opioid misuse, Drug Testing, Page(s): 94-95; 43.

Decision rationale: This IMR pertains to the request for a full panel drug screen. The records show the patient is taking Ultram for pain control following the lumbar fusion. The records do not document any prior urine drug screen (UDS). California Medical Treatment Utilization Schedule (MTUS) guidelines recommend drug testing with UDS to assess for use of presences of illegal drugs. Treatment is medically necessary and appropriate.

Cialis 10mg #20: Overturned

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 CIALIS is approved to treat erectile dysfunction (ED), the signs and symptoms of benign prostatic hyperplasia (BPH), and both ED and the signs and symptoms of BPH. Taking CIALIS with finasteride when starting BPH treatment has been studied for 26 weeks. CIALIS is not for women or children. Aetna Clinical Policy Bulletin: Erectile Dysfunction Number:0007 Policy Aetna considers the diagnosis and treatment of erectile dysfunction (impotence) medically necessary and appropriate.

Decision rationale: The available medical records do not provide any subjective complaints or diagnostic workup for ED or BHP. MTUS, ACOEM and ODG guidelines did not mention Cialis. Aetna guidelines were consulted. Aetna recommends treatment for ED based on the diagnostic workup. Without the diagnostic workup, the treatment for ED or BHP with Cialis is not in accordance with Aetna guidelines. Treatment is not medically necessary and appropriate.

Naproxen DS 550mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs, specific drug list & adverse effects Page(s): 22; 70-73.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines states: "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic low back pain and of antidepressants in chronic low back pain." And states the maximum dosage is 1800mg per day. The use of Naproxen 550mg appears to be in accordance with California (MTUS) guidelines. Treatment is medically necessary and appropriate.

Norflex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Pain Outcomes and Endpoints Page(s): 63-66; 8-9 OF 127.

Decision rationale: The available medical records do not discuss any exacerbations of back pain. California (MTUS) on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" California (MTUS) page 8 states: When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norflex. California (MTUS) does not recommend continuing treatment if there is not a satisfactory response. Treatment is not medically necessary and appropriate.

Ultram 150 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9 OF 127.

Decision rationale: This IMR pertains to the request for Ultram 150mg #60. California Medical Treatment Utilization Schedule (MTUS) on page 9 states "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" California (MTUS) page 8 states: When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is no reporting on efficacy of Ultram, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of

life with the use of Ultram. California (MTUS) does not recommend continuing treatment if there is not a satisfactory response. Treatment is not medically necessary and appropriate.