

<b>Case Number:</b>	CM14-0076101		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/05/2002
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 58-year-old male who reported an injury on 06/05/2002. His diagnoses were noted to be lumbar radiculopathy, cervical pain, and mood disorder. Prior treatment was noted to be behavioral pain management, chiropractic care and massage therapy. The injured worker had diagnostic testing including x-rays. The surgical history is not available. The injured worker had subjective complaints of neck pain radiating down both arms, low backache and bilateral shoulder pain. The objective physical exam findings revealed restricted cervical spine range of motion with flexion limited to 13 degrees with pain. Flexion of the lumbar spine it was noted loss of normal lordosis with straightening of the lumbar spine. Range of motion was restricted with flexion limited to 23 degrees, extension limited to 5 degrees, right lateral bending limited to 5 degrees and left lateral bending to 5 degrees and limited by pain. The injured worker's medications were noted to be Soma, Norco, Lyrica, Nexium, and Voltaren Gel. The treatment plan was for psychotherapy, and a recommendation for an epidural steroid injection. The provider's rationale for the request was not supplied within the documentation. A Request for Authorization form was not provided with this documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lyrica 50mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specific anti-epilepsy drugs Page(s): 19-20.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines indicate Lyrica to be effective in treatment of diabetic neuropathy and postherpetic neuralgia. Documentation submitted does not provide an indication of Lyrica efficacy. The request submitted fails to provide a dosage frequency. As such, the request for Lyrica 50 mg, quantity 60 with 5 refills is not medically necessary.

**Nexium 40mg #60 with 5 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend proton pump inhibitors for those at risk of gastrointestinal (GI) symptoms and cardiovascular risk. The documentation submitted for review does not indicate the injured worker with a intermediate or high risk for gastrointestinal events. There is not an indication of efficacy with use of Nexium. In addition, the provider's request fails to indicate a dosage frequency. As such, the request for Nexium 40 mg, quantity 60 with 5 refills is not medically necessary.

**Psychotherapy sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral interventions Page(s): 23.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend behavioral interventions for the identification and reinforcing of coping skills. An initial trial of 3 to 4 psychotherapy visits over 2 weeks is recommended with evidence of objective functional improvement, a total of up to 6 to 10 visits over 5 to 6 weeks may be effective. Additional documentation will be needed to support psychotherapy. The documentation provided does not indicate the injured worker at risk. It is not noted that the injured worker needs reinforcement of coping skills. In addition, the provider's request failed to indicate a number of visits. As such, the request for psychotherapy sessions is not medically necessary.

**Viagra:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction Guideline Update Panel. The management of erectile dysfunction: an update. Baltimore (MD): American Urological Association Education and Research, Inc; 2005.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110-111.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state side effects decreased sexual function is common with medications used to treat pain and certain anti-epileptic drugs. 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 the medial, and no significant effect on overall sexual satisfaction. The documentation submitted does not indicate testosterone levels. Efficacy with use of Viagra is not noted. In addition, the provider's request fails to indicate a dosage and frequency as well as quantity. As such, the request for Viagra is not medically necessary.