

Case Number:	CM14-0089661		
Date Assigned:	07/23/2014	Date of Injury:	05/15/2003
Decision Date:	09/22/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/13/2014

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 Pain Management 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:

This is a patient with a date of injury of 5/15/03. Percocet and Valium were modified to #75 and #15 respectively. It referenced a 5/22/14 medical report identifies back pain and radiating right hip pain. On exam, there is lumbar spine tenderness and decreased ROM. Recommendations included Percocet, Valium, Viagra, and lumbar spine MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet, 10/325 mg, QTY: 100.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Percocet, California Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of

specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet is not medically necessary.

Valium, 10 mg, QTY: 30.00: Upheld

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

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

Decision rationale: Regarding the request for Valium, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. In the absence of such documentation, the currently requested Valium is not medically necessary.

Viagra, 100 mg, QTY: 9.0: 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): 110-111. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: J Adv Pharm Technol Res. 2010 Jul-Sep; 1(3): 297-301, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html>.

Decision rationale: Regarding the request for Viagra, Chronic Pain Medical Treatment Guidelines state that the etiology of decreased sexual function includes chronic pain itself, the natural occurrence of decreased testosterone that occurs with aging, side effects from prescribed medication, and/or comorbid conditions such as diabetes, hypertension, and vascular disease. The National Library of Medicine indicates that Viagra is used to treat erectile dysfunction. Within the documentation available for review, there are no recent subjective complaints of erectile dysfunction. Additionally, there is no documentation indicating how the patient has responded to treatment with Viagra. Furthermore, there is no documentation indicating that an adequate and thorough workup to determine the etiology of the patient's erectile dysfunction has been performed. In the absence of such documentation, the currently requested Viagra is not medically necessary.

Magnetic Resonance Imaging (MRI) of the lumbar spine with contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 309.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

Decision rationale: Regarding the request for lumbar MRI, CA MTUS and ACOEM state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and would consider surgery an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. ODG states that MRIs are recommended for uncomplicated low back pain with radiculopathy after at least one month of conservative therapy. Within the documentation available for review, there is no identification of any symptoms or findings consistent with specific nerve compromise despite failure of conservative treatment. In the absence of such documentation, the currently requested lumbar MRI is not medically necessary.