

Case Number:	CM14-0089905		
Date Assigned:	09/10/2014	Date of Injury:	10/15/2009
Decision Date:	11/13/2014	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 Internal Medicine, and is licensed to practice in Maryland. 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 employee was a 40 year old male who sustained an industrial injury on 10/15/09. He was status post discectomy in Feb 2011 followed by lumbar fusion and cauda equina syndrome in June 2011. The progress note from 05/23/14 was reviewed. Subjective complaints included low back pain increased from last visit. He was having more pain in his right leg and shoulders. His quality of sleep was fair. His activity level had increased. His low back pain radiated down to posterior-lateral aspect of right leg stopping at his foot. His flare up had started the day before presentation. He had completed 6 additional sessions of acupuncture, 50% improvement for 2-3 days after each session and able to sleep for 5 hours straight compared to 2-3 hours without acupuncture. His medications were Colace, Zanaflex, Hydromorphone, Trazodone, Flomax, Viagra, Gabapentin, Glyburide, Lovastatin, Metformin, Janumet, Lorazepam, Clobetasol and Miconazole. His Urology AME noted down urinary dysfunction, erectile dysfunction, hypogonadism and depression as some of his diagnoses. Pertinent objective findings included antalgic gait, loss of normal lumbar lordosis, restricted lumbar spine range of motion, spasm and tenderness of paravertebral muscles, positive straight leg raising test, positive Faber test, ankle jerk of 0/4 on both sides and patellar jerk was on both the sides. He had decreased strength on right lower extremity and sensation was decreased over right lower extremity. The pertinent diagnoses were lumbar radiculopathy, lumbar DDD, low back pain, mood disorder and post laminectomy syndrome. The request was for Hydromorphone 2mg twice daily #60, Zanaflex mg 1 or 2 tablets at bedtime as needed #60, Viagra 100mg daily as needed #6, Trazodone 50mg 1-2 tablets at bedtime as needed #60, Gabapentin three times daily #90, Colace 100mg twice daily and Flomax at bedtime. He had urine toxicology screen on 02/21/14 that was negative for medications and one on 11/7/13 that was negative for medications. He was deferring his lumbar ESI due to uncontrolled hyperglycemia. He was awaiting psychotherapy sessions. He was last

seen by Urology on 01/02/14 and was recommended to continue Flomax and Viagra. He had ongoing urinary symptoms and erectile dysfunction that improved with the above medications. He was asked to continue Dilaudid 2mg twice daily #60 down from #90 as he was only using as needed. He reported that his pain was reduced by 30% with medications. He was able to sit for 30 minutes with medications compared to 2 minutes without the medications. He was able to walk for 30 minutes with medications compared to 15 minutes without medications. He was asked to continue Zanaflex for acute myofascial muscle spasms, tightness, cramps and for sleep. He had worsening of sleep without the medication. He was also asked to continue Trazodone for sleep. His CURES reports were appropriate. He was noted to be functionally independent with ADLs and home chores. There were no significant side effects and no aberrant behavior. His pain medications were being slowly tapered while attempting to maintain function and activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zanaflex 4mg tab #80: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine Page(s): 56.

Decision rationale: The employee was a 40 year old male who sustained an injury on 10/15/09. He had ongoing back pain radiating down to his right leg, shoulder pain, sleep disturbance and erectile dysfunction. He had improvement with acupuncture and medications. His diagnoses included lumbar radiculopathy, lumbar DDD, low back pain, mood disorder with depression and post laminectomy syndrome. The request was for Hydromorphone, Zanaflex, Trazodone and Viagra. According to MTUS Chronic Pain Medical Treatment Guidelines, Zanaflex is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity, unlabeled use for low back pain. Eight studies have demonstrated efficacy for low back pain. Even though there is a general statement on muscle relaxants that they are for short term use, there is no such recommendation in the section on Zanaflex. Given the improved pain with Zanaflex without notable side effects, the request for Zanaflex is medically necessary and appropriate.

Viagra 100mg tablet #6: 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 Other Medical Treatment Guideline or Medical Evidence: <http://www.uptodate.com/contents/treatment-of-male-sexual-dysfunction?source=machineLearning&search=viagra&selectedTitle=6~150§ionRank=1&anchor=H5441264#H5441264>

Decision rationale: According to above evidence, PDE-5 inhibitors are recommended as first line therapy for erectile dysfunction due to their efficacy, ease of use and favorable side effect profile. The employee had erectile dysfunction and had been evaluated by a Urologist. It was noted that Viagra was helpful in relieving the symptoms of erectile dysfunction. The request for Viagra is medically necessary and appropriate.

Trazodone 50 mg tablet #60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Mental illness and stress, Trazodone

Decision rationale: According to Official Disability Guidelines, Trazodone is recommended as an option for insomnia only for patients with coexisting depression or anxiety. It also has some anxiolytic actions. The employee was being treated for low back pain and radiculopathy with history of depression due to chronic pain. Given the diagnosis of depression due to chronic pain and the effectiveness of the medications in controlling the sleep symptoms, medical necessity for Trazodone has been established. The request for Trazodone 50 mg is medically necessary and appropriate.

Hydromorphone 2 mg tablet #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

Decision rationale: According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for low back pain and had been on Hydromorphone 2mg three times daily. There was documentation that his medication improved function and pain. He also was noted to have appropriate CURES report and urine toxicology screening. His medications were being slowly tapered down. Given the clear documentation of improved pain and functional status, without aberrant behavior or opiate induced hyperalgesia, the criteria for continued use of Hydromorphone is met. The request for Hydromorphone is medically necessary and appropriate.