

Case Number:	CM14-0090197		
Date Assigned:	07/23/2014	Date of Injury:	08/16/2011
Decision Date:	10/14/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/16/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic upper extremity pain, complex regional pain syndrome, hand pain, and leg pain reportedly associated with an industrial injury of August 16, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; unspecified amounts of physical therapy; and stellate ganglion blocks. In a Utilization Review Report dated May 30, 2014, the claims administrator denied a request for Levitra. The claims administrator suggested that the applicant was intent on using Levitra for complex regional pain syndrome and therefore denied the same. The applicant's attorney subsequently appealed. In an October 30, 2013 progress note, the applicant reported persistent complaints of right upper extremity pain. The applicant reported only temporary improvement with stellate ganglion block. The applicant was using tramadol, Norco, and Cymbalta, it was suggested. Psychotherapy was endorsed. The applicant was asked to begin Pristiq. In a May 5, 2014 progress note, the applicant reported persistent complaints of pain, reportedly flaring up with working out. The applicant was having difficulty performing home exercises. The applicant was using Norco, Cymbalta, Neurontin, Zetia, and Levitra. It was stated that the applicant was waking up at night secondary to pain. Multiple medications were refilled. The applicant was asked to try and enroll in a functional restoration program. It was stated that Levitra was intended for vasodilation purposes to try and ameliorate issues with CRPS. The attending provider posited that the applicant had demonstrated appropriate analgesia with ongoing usage of Levitra. The attending provider therefore suggested continuing the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levitra 10mg by mouth daily #30 for 6 months supply: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/14626653>

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, Treatment topic. Page(s): 41. Decision based on Non-MTUS Citation BMC Musculoskeletal Disorders, October 2008, Groeneweg e. al.

Decision rationale: Page 41 of the MTUS Chronic Pain Medical Treatment Guidelines does not specifically discuss usage of 5 phosphodiesterase inhibitors such as Levitra in the treatment of complex regional pain syndrome. However, the review article appearing in BMC Musculoskeletal Disorders in October 2008 did acknowledge that tadalafil, a 5 phosphodiesterase inhibitor, was a promising new treatment for applicants with elements of complex regional pain syndrome secondary to endothelial dysfunction. In this case, thus, the attending provider has suggested that the applicant has been using Levitra for CRPS and ongoing usage of the same has proven beneficial in diminishing the applicant's pain complaints and facilitating the applicant's ability to perform home exercises. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.