

Case Number:	CM14-0095116		
Date Assigned:	07/25/2014	Date of Injury:	06/17/2008
Decision Date:	09/10/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	06/23/2014

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 53-year-old male who reported an injury on 06/17/2008 due to an unknown mechanism. Diagnoses were lumbar disc displacement without myelopathy, post laminectomy syndrome of lumbar region, thoracic or lumbosacral neuritis or radiculitis not otherwise specified, lumbar or lumbosacral disc degeneration, and pain in joint of pelvic region and thigh. Past treatments reported were several spine injections. Diagnostic studies were MRI of the lumbar spine. Surgical history was hip replacement. Subjective complaints were not reported. There was a physical examination on 01/24/2014 with no physical findings. There was no discussion for the treatment plan. Medications were Celebrex 200 mg, tizanidine HCl 4 mg, Elavil 25 mg, Lyrica 75 mg, Viagra 100 mg, oxycodone HCl 30 mg, and Topamax 25 mg. Treatment plan was a referral for the lumbar degenerative disc disease and an updated MRI of the lumbar spine. Also, to take medications as prescribed. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Hcl 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, Hydrocodone/Acetaminophen Page(s): 78, 91.

Decision rationale: The request for oxycodone HCl 30 mg is not medically necessary. The California Medical Treatment Utilization Schedule recommend that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. It further recommends that dosing of opioids not exceed 120 mg oral morphine equivalents per day and for injured workers taking more than 1 opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The request submitted does not indicate a frequency or a quantity for this medication. Therefore, the request is not medically necessary.

Cyclobenzaprine 10mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64.

Decision rationale: The request for cyclobenzaprine 10 mg is not medically necessary. The California Medical Treatment Utilization Schedule states that cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2 to 3 weeks. The efficacy for this medication was not reported. The request submitted does not indicate a frequency or a quantity for the medication. Therefore, the request is not medically necessary.

Viagra 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 30-31,70.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medline Plus:
<http://www>hlm.nih.gov/medlineplus/druginfo/meds/a699015.html>.

Decision rationale: The request for Viagra 100 mg is not medically necessary. The California Medical Treatment Utilization Schedule, ACOEM, and ODG do not address this request. Viagra is used to treat erectile dysfunction (impotence), an inability to get or keep an erection (in men). The document submitted for review did not report why the injured worker was on this medication. The request submitted does not indicate a frequency or a quantity for this medication. Therefore, the request is not medically necessary.