

Case Number:	CM14-0198060		
Date Assigned:	12/08/2014	Date of Injury:	10/14/2009
Decision Date:	01/20/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/25/2014

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 Family 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:

65 yr. old male claimant sustained a work injury on 10/14/09 involving the knees and back. He was diagnosed with lumbar disc herniation, lumbar radiculopathy and degenerative joint disease of both knees. He underwent L4-L5 interbody fusion, L3-L4 medial facetectomy, lumbar microdiscectomy and hardware removal. He had had chronic pain syndrome for which he had been on Norco and Neurontin. He had received Synvisc injections for his knees. A progress note on 6/12/14 indicated the claimant had 3/10 back pain and 6/10 knee pain. Exam findings were notable for tenderness in the tibial plateau and decreased extension of the right knee. The physician continued the claimant's Norco and prescribed Viagra. An AFO brace and another Synvisc injection was also recommended. A progress note on 10/24/14 indicated the claimant had continued pain in the involved areas. There was tenderness in the right medial and lateral joint lines. He had completed 16 sessions of physical therapy. An H-wave unit was requested along with continuation of Norco and Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg, #70: 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 Opioids
Page(s): 82-92.

Decision rationale: According to the guidelines, chronic opioid use can lead to hypogonadism. In this case, the use of need for Viagra was not provided. There was no complaint or objective evidence of low testosterone or erectile dysfunction. There was no indication of behavioral modifications used to improve sexual function. The continued use of Viagra is not medically necessary.

Norco 10/325mg, #180: 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 Opioids
Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for over 6 months with no improvement in pain scale. The continued use of Norco is not medically necessary.