

Case Number:	CM14-0203913		
Date Assigned:	12/16/2014	Date of Injury:	09/15/2008
Decision Date:	02/03/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/05/2014

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 Emergency 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 injured worker is a 28 year-old male, who sustained an injury on September 15, 2008. The mechanism of injury is not noted. Treatments have included: medications, shoulder cortisone injection, pool therapy, left inguinal hernia repair, physical therapy. The current diagnoses are: cervical radiculitis, lumbar radiculitis, bilateral elbow pain, left hip pain, right shoulder pain. The stated purpose of the request for Butrans 10mcg/hr #4 was for pain. The request for Butrans 10mcg/hr #4 was denied on November 6, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Viagra 100mg #10 was for erectile dysfunction. The request for Viagra 100mg #10 was denied on November 6, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Norco 10/325 #90 was for pain. The request for Norco 10/325 #90 was denied on November 6, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Miralax 17grams #527 was for constipation. The request for Miralax 17grams #527 was denied on November 6, 2014, citing that the requested amount was in excess of the recommended daily dose. The stated purpose of the request for Melatonin was not noted. The request for Melatonin was denied on November 6, 2014, citing a lack of documentation of medical necessity. Per the report dated October 21, 2014, the treating physician noted complaints of pain to the neck, low back, both elbows, left hip, abdomen and right shoulder with radiation to both arms and both legs; difficulty with erections even with Viagra, as well as constipation. Exam showed painful and limited lumbar range of motion, decreased bilateral L4 dermatomal sensation, positive bilateral straight leg raising tests, right shoulder and bilateral wrist tenderness, bilateral knee tenderness to palpation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 10mcg/hr #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 27-28.

Decision rationale: The requested Butrans 10mcg/hr #4, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, page 27-28, Buprenorphine, note that it is "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." The injured worker has pain to the neck, low back, both elbows, left hip, abdomen and right shoulder with radiation to both arms and both legs; difficulty with erections even with Viagra, as well as constipation. The treating physician has documented painful and limited lumbar range of motion, decreased bilateral L4 dermatomal sensation, positive bilateral straight leg raising tests, right shoulder and bilateral wrist tenderness, bilateral knee tenderness to palpation. The treating physician has not documented: the presence or history of opiate addiction or detoxification, derived functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Butrans 10mcg/hr #4 is not medically necessary.

Viagra 100mg #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism Page(s): 110.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate Evaluation of male sexual dysfunction.

Decision rationale: The requested Viagra 100mg #10, is not medically necessary. CA MTUS and ODG are silent on this issue. As a second tier reference, UpToDate Evaluation of male sexual dysfunction, provide sample guidelines for the evaluation of erectile dysfunction, which should direct treatment options. The injured worker has pain to the neck, low back, both elbows, left hip, abdomen and right shoulder with radiation to both arms and both legs; difficulty with erections even with Viagra, as well as constipation. The treating physician has documented painful and limited lumbar range of motion, decreased bilateral L4 dermatomal sensation, positive bilateral straight leg raising tests, right shoulder and bilateral wrist tenderness, bilateral knee tenderness to palpation. The treating physician did not document genitourinary symptoms or exam findings, testosterone levels, any derived functional benefit from any previous use, nor rule out other causes of erectile dysfunction. The criteria noted above not having been met, Viagra 100mg #10 is not medically necessary.

Norco 10/325 #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain Page(s): 78-80; 80-82.

Decision rationale: The requested Norco 10/325 #90, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the neck, low back, both elbows, left hip, abdomen and right shoulder with radiation to both arms and both legs; difficulty with erections even with Viagra, as well as constipation. The treating physician has documented painful and limited lumbar range of motion, decreased bilateral L4 dermatomal sensation, positive bilateral straight leg raising tests, right shoulder and bilateral wrist tenderness, bilateral knee tenderness to palpation. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325 #90 is not medically necessary.

Miralax 17grams #527: 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, Criteria for use Page(s): 77.

Decision rationale: The requested Miralax 17grams #527, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009, Opioids, criteria for use, Page 77, noted in regards to opiate treatment that opiates have various side effects, that " include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction and that Prophylactic treatment of constipation should be initiated. The injured worker has pain to the neck, low back, both elbows, left hip, abdomen and right shoulder with radiation to both arms and both legs; difficulty with erections even with Viagra, as well as constipation. The treating physician has documented painful and limited lumbar range of motion, decreased bilateral L4 dermatomal sensation, positive bilateral straight leg raising tests, right shoulder and bilateral wrist tenderness, bilateral knee tenderness to palpation. The treating physician has not documented the duration of opiate therapy, nor symptomatic or functional improvement from previous use of this medication. The criteria noted above not having been met, Miralax 17grams #527 is not medically necessary.

Melatonin: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Insomnia Treatment, Melatonin

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment Integrated Treatment/Disability Duration Guidelines Head (trauma, headaches, etc., not including stress & mental disorders).

Decision rationale: The requested Melatonin, is not medically necessary. CA MTUS 2009 ACOEM is silent on this issue. ODG Treatment, Integrated Treatment/Disability Duration Guidelines Head. (trauma, headaches, etc., not including stress & mental disorders). "Recommended in treating sleep disorder post-TBI. See Sleep aids. Melatonin is also more effective than placebo for migraine prevention. Results from a multicenter, randomized, doubleblind, placebo-controlled trial showed that 3 mg of melatonin had efficacy similar to that of 25 mg of amitriptyline, and it was better tolerated than amitriptyline, with lower rates of daytime sleepiness and no weight gain. Melatonin's role in regulating circadian rhythm has been linked to cluster headache, hypnic headache, and migraine. And melatonin plays an important role in sleep regulation, and disruption of melatonin production has been linked to sleep disorders, including sleep apnea, insomnia, and delayed sleep phase syndrome, which are linked to headache. Research has also linked low levels of melatonin in plasma and urine and altered peak time in melatonin levels to a variety of headache types, including migraine. The mean reduction in headache frequency was 2.7 in the melatonin group, 2.18 in the amitriptyline group, and 1.18 in the placebo group. The proportion of responders was greatest in the melatonin group: 54% vs 39.1% for amitriptyline and 20.4% for placebo. Although patients gained weight in both the amitriptyline and placebo groups, melatonin was associated with weight loss. For melatonin, a fast acting rather than a slow-release formula should be used before bedtime for migraine prevention. (Peres, 2012) See also Migraine pharmaceutical treatment." The injured worker has pain to the neck, low back, both elbows, left hip, abdomen and right shoulder with radiation to both arms and both legs; difficulty with erections even with Viagra, as well as constipation. The treating physician has documented painful and limited lumbar range of motion, decreased bilateral L4 dermatomal sensation, positive bilateral straight leg raising tests, right shoulder and bilateral wrist tenderness, bilateral knee tenderness to palpation. The treating physician has not provided documentation of sleep disorder or documentation of the results of sleep behavior modification attempts or documentation of failed trials of other guideline-supported treatments. Furthermore, there is no documentation of symptomatic or functional improvement from prior usage. The criteria noted above not having been met, Melatonin is not medically necessary.