

Case Number:	CM14-0020337		
Date Assigned:	05/02/2014	Date of Injury:	07/16/2009
Decision Date:	01/23/2015	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/18/2014

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 Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 55-year-old male who reported an injury on 07/16/2009. The mechanism of injury was unspecified. His diagnoses include postlaminectomy lumbar syndrome, sciatica, and disorders of the sacrum. Past treatments include medications, surgery, a TENS unit, and an H-wave unit. On 01/21/2014, the injured worker complained of back and leg pain along with depression and erectile dysfunction. The neurologic examination revealed the injured worker complained of balance problems, poor concentration, memory loss, numbness, and weakness, but denied seizures and tremors. The psychiatric questionnaire revealed the injured worker complained of anxiety and depression but denied hallucinations and suicidal thoughts. The physical examination revealed decreased sensation in the lumbar at the left L2, L3, L4, L5, and S1 with a positive straight leg raise. His current medications included Naproxen 550 mg, Ketamine cream 60 gm, Pantoprazole/Protonix 20 mg, Gabapentin 600 mg, Cyclobenzaprine 7.5 mg, and Tramadol 200 mg. His treatment plan included a psychological evaluation, Viagra 100 mg #10, Naproxen 550 mg #90, Protonix 20 mg #60, Flexeril 7.5 mg #90, and Tramadol 200 mg #30. The rationale indicated the injured worker had dysfunction and problems standing and walking secondary to leg pain as well as feelings of hopelessness, helplessness, desperation, anxiety, excess worrying, restlessness, easy fatigue, difficulty concentration, excess irritability, excess muscle tension, and sleep disturbances to justify psychiatric referral. A Request for Authorization form was received on 01/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psychological Evaluation: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations Page(s): 100 and 101.

Decision rationale: The request for a psychological evaluation is not medically necessary. According to the California MTUS Guidelines, psychological evaluations are generally accepted, well established diagnostic procedures not only with selected use in pain problems but also with more widespread use in chronic pain populations. Furthermore, psychosocial evaluations should determine if further psychosocial interventions are indicated and the interpretations of the evaluation should provide clinicians with a better understanding of the patient and their social environment, allowing for more effective rehabilitation. The documentation indicated the injured worker to have neurologic and psychiatric complaints of anxiety, depression, feelings of hopelessness, and feelings of helplessness, feelings of desperation, difficulty concentrating, excessive irritability, excessive muscle tension, and sleep disturbance. As the guidelines recommend psychological evaluations for patients with chronic pain and chronic disability problems, and there is documentation indicating the injured worker to have neurologic and psychiatric complaints, the request would be supported by the evidence based guidelines. As such, the request is medically necessary.

Viagra 100mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Pharmacology

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines do not address Viagra; RxList.com. (2015), Viagra, Indications and Dosage retrieved from <http://www.rxlist.com/viagra-drug/indications-dosage.htm>.

Decision rationale: The request for Viagra 100 mg #10 is not medically necessary. The California MTUS/ACOEM and Official Disability Guidelines do not address Viagra specifically. According to RxList.com, Viagra is recommended for use in erectile dysfunction. RxList further indicates that the recommended dose is 50 mg with a maximum of 100 mg to be taken once per day. The injured worker was noted to have erectile dysfunction. However, there was a lack of documentation of objective examination findings and diagnostic studies to corroborate the injured worker had erectile dysfunction since his injury. The request as submitted failed to include the frequency for the requested medication. In the absence of documentation to corroborate the diagnosis of erectile dysfunction and objective examination findings, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Naproxen 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Page(s): 67 and 68.

Decision rationale: The request for Naproxen 550 mg #90 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The injured worker was indicated to have been on Naproxen for an unspecified duration of time. There was a lack of documentation of the above criteria. In addition, the guidelines do not recommend long term use of NSAIDs and they should be used at the lowest effective dose for the shortest duration of time. The request as submitted failed to include a frequency. Given the above, the request for Naproxen 550 mg #90 is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline, Proton Pump Inhibitors

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68 and 69.

Decision rationale: The request for Protonix 20 mg #60 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. Therefore, the injured worker does not currently meet criteria for the requested medication. There is also no strength, frequency or quantity listed in the request. The injured worker was indicated to have been on Protonix for an unspecified duration of time. However, there was a lack of documentation of a gastrointestinal risk assessment and a lack of documentation to indicate the injured worker was using it for the treatment of dyspepsia secondary to NSAID therapy. The request as submitted failed to include the frequency for the requested medication. Given the above, request for Protonix 20mg #60 is not medically necessary.

Flexeril 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle Relaxants Page(s): 41, 42 and 63.

Decision rationale: The request for Flexeril 7.5 mg #90 is not medically necessary. The California MTUS guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration of time and there is a lack of documentation of objective improvement. The injured worker was indicated to have been on Flexeril for an unspecified duration of time. The request as submitted failed to include a frequency for the medication. The request for Flexeril 7.5 mg #90 is not medically necessary.

Tramadol 200mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going Management Page(s): 78.

Decision rationale: The request for Tramadol 200 mg #30 is not medically necessary. The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The injured worker was indicated to have been on Tramadol for an unspecified duration of time. However, there was a lack of documentation of the objective improvement in function, an objective decrease in pain, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The request as submitted failed to include a frequency. Given the above, the request for Tramadol 200 mg #30 is not medically necessary.