

Case Number:	CM14-0021533		
Date Assigned:	05/07/2014	Date of Injury:	09/27/2001
Decision Date:	01/05/2015	UR Denial Date:	01/30/2014
Priority:	Standard	Application Received:	02/20/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 55-year-old male with a 9/27/01 date of injury, when he was lifting a heavy object and felt pain in his low back. The patient underwent back surgeries in 04/2004, 03/2007 and on 2/22/11. The patient was seen on 1/17/14 with complaints of low back pain radiating into the right hip and aching sensation in the posterior aspect of both legs from the knee to the ankle. Exam findings revealed tenderness to palpation over the lumbar spine and sacroiliac joints, decreased cervical and lumbar range of motion and antalgic gait. The examination of the bilateral lower extremities revealed 3-5/5 muscle strength, loss of muscle mass in the right hamstring muscle and swelling in the right calf. The SLR test was positive at 60 degrees bilaterally and the sensation was reduced in the right upper and lower extremity. The diagnosis is lumbar postlaminectomy syndrome, lumbar spinal stenosis without neurogenic claudication, lumbosacral intervertebral disc degenerative disease, lumbago and pain in soft tissues of limb. Treatment to date: 3 lumbar spine surgeries, spinal cord stimulator trial, TENS unit, work restrictions, DME and medications. An adverse determination was received on 1/30/14 for a lack of pain assessment, pain scores and current UDS test; evidence of measurable efficacy; supported long-term treatment and a lack of documented sexual dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2001 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. In addition, the recent UDS test was not available for the review. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing to avoid withdrawal symptoms. Therefore, the request for Oxycontin 60 mg was not medically necessary.

Norco 10 /325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, given the 2001 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. In addition, the recent UDS test was not available for the review. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Non-certification here does not imply abrupt cessation for a patient who may be at risk for withdrawal symptoms. Should the missing criteria necessary to support the medical necessity of this request remain unavailable, discontinuance should include a tapering prior to discontinuing to avoid withdrawal symptoms. Therefore, the request for Norco 10/325mg was not medically necessary.

Neurontin 300mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs, Gabapentin Page(s): 16-18, 49.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Neurontin (gabapentin) has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The patient continued to complaint of low back pain radiating into the right hip and aching sensation in the posterior aspect of both legs from the knee to the ankle. The progress notes indicated that the patient was utilizing Neurontin at least from 9/23/13, however there is a lack of documentation indicating subjective and objective functional gains from prior use. Therefore, the request for Neurontin 300mg was not medically necessary.

Xanax 2mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that benzodiazepines range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. They are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. The progress notes indicated that the patient was utilizing Xanax at least from 9/23/13, however there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, the Guidelines do not support long-term use of benzodiazepines and there is no rationale indicating the necessity for an extended treatment with Xanax for the patient. Therefore, the request for Xanax 2mg was not medically necessary.

Soma 350 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29,65.

Decision rationale: CA MTUS states that Carisoprodol (Soma) is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally-acting skeletal muscle relaxant and is now scheduled in several states. It has been suggested that the main effect is due to generalized

sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. Carisoprodol is metabolized to meprobamate, an anxiolytic that is a schedule IV controlled substance. Soma has been known to augment or alter the effects of other medications, including opiates and benzodiazepines. The progress notes indicated that the patient was utilizing Soma at least from 9/23/13, however there is a lack of documentation indicating subjective and objective functional gains from prior use. In addition, the Guidelines do not support treatment with Soma with conjunction to opioid and the patient has been noted to utilize opioids. Therefore, the request for Soma 350 mg was not medically necessary.

Senokot S: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Opioid Therapy Page(s): 77. Decision based on Non-MTUS Citation FDA Senna, Docusate

Decision rationale: CA MTUS does not address this Senokot S. Senokot S contains docusate and senna. The FDA states that Senna is indicated for short-term treatment of constipation; preoperative and pre-radiographic bowel evacuation or for procedures involving GI tract. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. However, there is a lack of documentation that the patient suffered from constipation. In addition, there is a lack of rationale with regards to the necessity for Senokot for the patient. Lastly, the reviewers' notes indicated that the patient was non compliant with opioids. Therefore, the request for Senokot S was not medically necessary.

Viagra 100 mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation The American Urological Association Treatment Guidelines Phosphodiesterase type 5 inhibitors (Viagra)

Decision rationale: CA MTUS, ODG and ACOEM do not address the medical necessity for use of phosphodiesterase inhibitors, such as Viagra for the treatment of erectile dysfunction. The American Urological Association Treatment Guidelines recommend phosphodiesterase type 5 inhibitors (Viagra) as a first-line therapy for erectile dysfunction, unless contraindicated following an in-person evaluation that includes sexual, medical, and psychosocial histories as well as laboratory tests thorough enough to identify comorbid conditions that may predispose the patient to ED and that may contraindicate certain therapies. These guidelines indicate that the management of erectile dysfunction begins with the identification of organic comorbidities and

psychosexual dysfunctions; both should be appropriately treated or their care triaged. History may reveal causes or comorbidities such as cardiovascular disease (including hypertension, atherosclerosis, or hyperlipidemia), diabetes mellitus, depression, and alcoholism. Related dysfunctions such as premature ejaculation, increased latency time associated with age, and psychosexual relationship problems may also be uncovered. However, there is no documentation of an evaluation of sexual function, including history and physical exam, to identify comorbid conditions which may contraindicate certain drug therapies and address other causes of sexual dysfunction; in addition to providing any additional testing necessary before implementation of drug treatment. Therefore, the request for Viagra 100mg was not medically necessary.