

Case Number:	CM14-0039761		
Date Assigned:	07/23/2014	Date of Injury:	05/01/2007
Decision Date:	04/01/2015	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/04/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59-year-old male sustained a work-related injury to his abdomen and low back on 5/1/2007. According to the PR2 dated 2/25/2014, the injured worker's (IW) diagnosis is post laminectomy syndrome. He reports localized pain just above the scar in the lumbar area; point tenderness above the electrode revision scar was noted on exam. Previous treatments include medications, spinal cord stimulator and surgery. The treating provider requests Viagra 100mg tab, #10; refills 1; Gabapentin 600mg tab; Norco 10/325mg tab and Lidoderm patches, #30-no refills. The Utilization Review on 3/6/2014 non-certified Viagra 100mg tab, #10; refills 1; Gabapentin 600mg tab; Norco 10/325mg tab and Lidoderm patches, #30-no refills, citing CA MTUS Chronic Pain Medical Treatment guidelines, ODG and the National Guideline Clearinghouse (NGC).

IMR ISSUES, DECISIONS AND RATIONALES

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

VIAGRA 100MG TAB, #10 REFILLS 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE NATIONAL GUIDELINES CLEARINGHOUSE (NGC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction.

Decision rationale: Per the most recent report provided dated 02/25/14 the patient presents with lower back pain. Reports also state the patient has erectile dysfunction. The current request is for VIAGRA 100mg TAB, #10 REFILLS 1. The RFA is not included. The most recent reports state that the patient is retired and Temporarily Totally Disabled. The MTUS and ACOEM Guidelines do not discuss Viagra specifically. AETNA Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction states that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction (ED) including medical, sexual, and psychosocial evaluation is required including documentation of hypo-gonadism that may contribute to the patient's ED. AETNA also does not support performance enhancing drugs such as Viagra or Cialis. The reports provided show that the patient has been prescribed this medication since at least 10/30/13 and the 11/11/13 report states that there is a probable vascular/diabetic contribution to the impotence and that this medication should be provided as long as it works. The reports provided for review do not state whether or not this medication helps the patient. In this case, there is no documentation provided of a comprehensive lab workup, physical examination, and psychosocial evaluation regarding ED or of hypogonadism. In this case, the request IS NOT medically necessary.

GABAPENTIN 600MG TAB: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Gabapentin (Neurontin, Gabarone) Page(s): 18-19.

Decision rationale: Per the most recent report provided dated 02/25/14 the patient presents with lower back pain. The current request is for GABAPENTIN 600mg TAB. The RFA is not included. The most recent reports state that the patient is retired and Temporarily Totally Disabled. MTUS has the following regarding Gabapentin (MTUS pg. 18, 19) Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. This medication is indicated as a first line treatment for the patient's neuropathic pain. However, the patient has been prescribed this medication since at least 10/30/13 and the reports provided for review do not state whether or not this medication helps the patient. The MTUS guidelines on page 60 require that the physician record pain and function when medications are used for chronic pain. In this case, the request IS NOT medically necessary.

NORCO 10/325MG TAB: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: Per the most recent report provided dated 02/25/14 the patient presents with lower back pain. The current request is for NORCO 10/325mg TAB Hydrocodone, an opioid. The RFA is not included. The most recent reports state that the patient is retired and Temporarily Totally Disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show the patient is prescribed this medication on a long-term basis since at least 10/30/13. Analgesia is not documented for the use of Norco. The MTUS guidelines require much more thorough documentation of analgesia with before and after pain scales and functional improvements with opioid usage. Pain is not routinely assessed through the use of pain scales or a validated instrument. No specific ADL's are mentioned to show a significant change with use of this medication. Opiate management issues are not documented. No urine toxicology reports are included for review or discussed. There is no mention of CURES, adverse side effects or adverse behavior. In this case, long-term opioid use has not been documented as required by the MTUS guidelines. The request IS NOT medically necessary.

LIDODERM PATCHES APPLY TO TENDER AREA, #30; REFILLS:0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: Per the most recent report provided dated 02/25/14 the patient presents with lower back pain. The current request is for LIDODERM PATCHES APPLY TO TENDER AREA #30, REFILLS: 0. The RFA is not included. The most recent reports state that the patient is retired and Temporarily Totally Disabled. MTUS Lidoderm (lidocaine patch) pages 56, 57 has the following, indication: Neuropathic pain. It is also indicated for peripheral and localized pain but when reading ODG, this peripheral and localized pain is that of neuropathic pain. It appears from the reports provided that the patient is just starting this medication on 02/25/14. The treater states use is for localized back pain. However, the MTUS guidelines state the requested medication is indicated for localized, peripheral neuropathic pain and there is no clinical evidence this condition is present in this patient. The request IS NOT medically necessary.