

Case Number:	CM14-0064108		
Date Assigned:	03/09/2015	Date of Injury:	12/06/2008
Decision Date:	04/14/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/06/2014

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 33-year-old male who sustained a work related injury on December 6, 2008. The injured worker underwent anterior L4-L5 and L5-S1 decompression and interbody fusion on February 6, 2013. In July 2013, the injured worker fell and underwent open reduction internal fixation with 2 screw placement for a right lateral foot proximal 5th metatarsal fracture. The injured worker is diagnosed with chronic left L5 radiculopathy, axial low back pain status post lumbar fusion and depression. According to the AME evaluation In December 2013 the current medications are listed as Medrox Patch, Lyrica, Aplenzen, Diazepam, Tizanidine, Norco, Bupropion ER, Prilosec, Viagra, Mirtazapine and topical analgesics. The injured worker has persistent left lower extremity radicular/neuropathic pain. Treatment modalities consist of a completed functional restoration program (FRP) approximately November 2013, post-operative left transforaminal epidural steroid injection (ESI), physical therapy, ThermaCare patches, home exercise program and medication. The injured worker is on temporary total disability (TTD) and not working. The treating physician requested authorization for Viagra 50mg; Tizanidine 4mg; Norco 10-325 mg. On April 22, 2014, the Utilization Review denied certification for Viagra 50mg; Tizanidine 4mg; Norco 10-325 mg. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines and alternative evidence based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/viagra.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Erectile Dysfunction <http://emedicine.medscape.com/article/444220-overview>.

Decision rationale: MTUS and ODG guidelines are silent regarding the use of Viagra. Viagra is using as a first line therapy to treat erectile dysfunction. Prior to the use of Viagra, a comprehensive physical examination and about the workup should be performed to identify reversible factors that should be treated first. There is no documentation that a work up was done to investigate the cause of the erectile dysfunction (that may require different treatment) such as spine and urological disease, metabolic disease (diabetes) and vascular disorders. Furthermore, there is no documentation of efficacy of previous use of Viagra. Therefore, the request for VIAGRA 50MG is not medically necessary.

Tizanidine 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, non-sedating muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient was previously treated with Tizanidine for at least 4 months, which is considered a prolonged use of the drug. There is no continuous and objective documentation of the effect of the drug on patient pain, spasm and function. There is no recent documentation for recent pain exacerbation or failure of first line treatment medication. Therefore, the request for Tizanidine 4mg is not medically necessary.

Norco 10-325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:"(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework."According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco 10/325mg is not medically necessary.