

Case Number:	CM15-0009307		
Date Assigned:	01/27/2015	Date of Injury:	04/20/2009
Decision Date:	05/08/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/15/2015

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 York

Certification(s)/Specialty: Pediatrics, Internal 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 52 year old male injured worker suffered and industrial injury on 4/20/2009. The diagnoses were lumbar intravertebral disc displacement, reflex sympathetic dystrophy in the lower extremity, herniated nucleus pulposus and radiculopathy and Sciatica. The diagnostics were electromyography, magnetic resonance imaging and computerized tomography. The treatments were lumbar fusion, spinal cord stimulator, epidural steroid injections, and medications. The treating provider reported worsening low back pain with positive straight leg raise with limited range of motion, diminished sensation to the right leg. The Utilization Review Determination on 1/14/2015 non-certified: 1. Norco 10/325mg #120 modified to #90, citing MTUS Chronic Pain Treatment Guidelines. 2. Omeprazole 20mg #90, citing MTUS Chronic Pain Treatment Guidelines, NSAIDS. 3. Gabapentin 300mg #120 with 2 refills modified to no refills, citing MTUS Chronic Pain Treatment Guidelines, antiepileptic medications. 4. Cialis 10mg #15 with 2 refills, citing MTUS Chronic Pain Treatment Guidelines and Official Disability Guidelines, erectile dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The indication for proton pump inhibitor use is intermediate or high risk of GI side effects. The risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant and or high dose/multiple NSAID. There was no notation of GI symptoms or a history of risk factors. This request is not medically necessary or appropriate at this time.

Cialis 10mg #15 with 2 refills: 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/cialis.html>.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110-111. Decision based on Non-MTUS Citation uptodate.com.

Decision rationale: According to MTUS guidelines the etiology of decreased sexual function, a symptom of hypogonadism, is confounded by several factors including the following: (1) The role of chronic pain itself on sexual function; (2) The natural occurrence of decreased testosterone that occurs with aging; (3) The documented side effect of decreased sexual function that is common with other medications used to treat pain (SSRIs, tricyclic antidepressants, and certain anti-epilepsy drugs); & (4) The role of comorbid conditions such as diabetes, hypertension, and vascular disease in erectile dysfunction. There is no documentation that testosterone level was tested or that the erectile dysfunction was temporally related to initiation of medications for treatment of pain, which could indicate a side effect. Cialis is indicated for idiopathic erectile dysfunction and benign prostatic dysfunction not erectile dysfunction due to pain. This request is not medically necessary and appropriate.

Norco 10/325mg #120: 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 Opioids, criteria for use 4) On-Going Management Page(s): 78.

Decision rationale: The IW has been on long term opioids which is not recommended. Additionally, documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts.

Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable at this time.

Gabapentin 300mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) SPECIFIC ANTI-EPILEPSY DRUGS Page(s): 15-19.

Decision rationale: Gabapentin is recommended on a trial basis with lumbar spinal stenosis to assess if there is improved sensation, decreased pain with movement and increased walking distance. There was no documentation of objective functional benefit with prior use of these medications. The request is not medically necessary and appropriate.