

Case Number:	CM15-0100849		
Date Assigned:	06/03/2015	Date of Injury:	03/15/2002
Decision Date:	07/01/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 49 year old male, who sustained an industrial injury on March 15, 2002. The injured worker was diagnosed as having lumbosacral spondylosis without myelopathy, back pain, and erectile dysfunction. Treatment to date has included radiofrequency ablation of bilateral median branch nerves, steroid injections, x-rays, MR Arthrogram, electromyography (EMG)/nerve conduction velocity (NCV), intraarticular injection, MRIs, physical therapy, lumbar spine surgery, and medication. Currently, the injured worker complains of back pain radiating into both lower extremities, right greater than left. The Treating Physician's report dated May 1, 2015, noted the injured worker reported his symptoms alleviated by medication, rated 5/10 on average and best, and 8/10 at its worse. The injured worker's current medications were listed as Lisinopril, Tetracycline, Pantoprazole, Synthroid, Nexium, Diazepam, Viagra, Oxycodone-Acetaminophen, Ibuprofen, Vitamin D3, and Dexamethasone. The treatment plan was noted to include prescriptions for Diazepam, and Oxycodone-Acetaminophen, with a urine drug screen (UDS) completed. A progress report dated March 5, 2015 indicates that the patient states he turns to alcohol to alleviate his pain and has been doing this quite a bit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Diazepam 10mg quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 24 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines.

Decision rationale: Regarding the request for Valium (diazepam), Chronic Pain Medical Treatment Guidelines state the benzodiazepines 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. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. Benzodiazepines should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In the absence of such documentation, the currently requested Valium (diazepam) is not medically necessary.

Oxycodone-acetaminophen 10/325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Percocet (oxycodone/acetaminophen), California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Percocet (oxycodone/acetaminophen) is not medically necessary.

Viagra 100mg quantity 9: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 110-111 of 127. Decision based on Non-MTUS Citation X Other Medical Treatment Guideline or Medical Evidence: J Adv Pharm Technol Res. 2010 Jul-Sep; 1(3): 297, 301, <http://www.nlm.nih.gov/medlineplus/druginfo/meds/a604008.html>.

Decision rationale: Regarding the request for Viagra, Chronic Pain Medical Treatment Guidelines state that the etiology of decreased sexual function includes chronic pain itself, the natural occurrence of decreased testosterone that occurs with aging, side effects from prescribed medication, and/or comorbid conditions such as diabetes, hypertension, and vascular disease. The national Library of medicine indicates that Viagra is used to treat erectile dysfunction. Within the documentation available for review, there are no recent subjective complaints of erectile dysfunction. Additionally, there is no documentation indicating how the patient has responded to treatment with Viagra. Furthermore, there is no discussion regarding any comorbid medical conditions for which the use of Viagra would be contraindicated. Finally, there is no documentation indicating that an adequate and thorough workup to determine the etiology of the patient's erectile dysfunction has been performed. In the absence of such documentation, the currently requested Viagra is not medically necessary.