MAXIMUS Federal Services

Case Number:	CM15-0109695		
Date Assigned:	06/29/2015	Date of Injury:	08/02/1994
Decision Date:	08/26/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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: Anesthesiology

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 60 year old male who sustained an industrial injury on 08/02/1994. Current diagnosis includes post-laminectomy syndrome-lumbar. Previous treatments included medications, psychotherapy, trigger point injections, facet injections, multiple surgeries, and spinal cord stimulator. Previous diagnostic studies include urine drug screenings. Report dated 04/02/2015 noted that the injured worker presented with complaints that included worse pain, can't swallow foods, more back pain, and more neck pain. Pain level was not included in this report. It is noted that the injured worker has provided information on the location of pain, average pain levels, worst pain levels, amount of pain relief with medications, activity level, and side effects of medications in handwritten form which is scanned into the medical records, but this was not provided for review. Physical examination was positive for limited range of motion of the cervical, thoracic, and lumbar spine, and diffuse tenderness. The treatment plan included changing OxyContin, increased oxycodone IR, request for replacement of pulse generator, and follow up in one month. Documentation supports that the injured worker was first prescribed Viagra on 11/25/2013, Nuvigil on 10/28/2013, and Flector patches on 10/25/2013. Disputed treatments include Viagra, Nuvigil, and Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100 mg Qty (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation URL [www.ncbi.nlm.nih.gov/pubmed/12076989].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine 2014.

Decision rationale: Sildenafil (Viagra) is a medication used to treat erectile dysfunction and pulmonary arterial hypertension. It acts by inhibiting cGMP-specific phosphodiesterase type 5 (PDE5), an enzyme that promotes degradation of cGMP, which regulates blood flow in the penis. There is not enough information in the records regarding this patient's erectile dysfunction. In addition, there is no quantity specified for this request. Therefore, medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Nuvigil 250 mg Qty (unspecified): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain-Armodafinil (Nuvigil).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Armodafinil (Nuvigil).

Decision rationale: The California MTUS is silent. The ODG does not recommended solely to counteract sedation effects of narcotics. Nuvigil (Armodafinil) is a psychostimulant which is used to treat excessive sleepiness caused by obstructive sleep apnea, narcolepsy, or shift work sleep disorder. The documentation provided supports that there has been no decrease in narcotic medications, but actually an increase. The injured worker does not have a diagnosis of narcolepsy or shift work disorder. Therefore, the request for Nuvigil 250 mg Qty (unspecified) is not medically necessary.

Flector patch 1.3% topical film: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain-Flector patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics-Non-steroidal anti-inflammatory agents (NSAID's) Page(s): 111-112.

Decision rationale: According to California MTUS Guidelines, oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after

acetaminophen. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. According to ODG, the use of a Flector patch (Diclofenac) is recommended for osteoarthritis after failure of an oral NSAID or contraindications to oral NSAIDs. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. This medication may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector patch efficacy beyond two weeks. Documentation supports that the injured worker has been prescribed Flector patches since 10/25/2013. The injured worker has been using Flector patches for approximately two years, which exceeds the recommendation of the cited guideline. Medical necessity for the requested Flector patch has not been established. The requested topical analgesic is not medically necessary.