

Case Number:	CM15-0133279		
Date Assigned:	07/21/2015	Date of Injury:	02/11/2010
Decision Date:	08/18/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/09/2015

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 2/10/2010. Diagnoses include low back pain, radiculopathy, spinal/lumbar degenerative disc disease, mechanical complication, chronic pain syndrome and depression with anxiety. Treatment to date has included medications, ice and heat application, rest, and exercise. Per the Primary Treating Physician's Progress Report dated 5/27/2015, the injured worker reported headaches, low back pain, right and left hamstring pain, right hip pain, left chest pain and mid chest pain. His pain level has remained unchanged. He reports continued functional benefit with meds. Pain score without medication is 8/10 and pain score with medication is 5/10. Physical examination of the lumbar spine revealed slightly decreased lumbar lordosis without scoliosis. He had limited range of motion of the lumbar spine, when he tried to touch his toes, about 24 inches from toes. He can lumbar flex to about 45 degrees. There was tenderness noted over L4-5. He is doing a home exercise program at The [REDACTED]. The plan of care included continuation of [REDACTED] exercise program, medications and follow-up care. Authorization was requested for Viagra, Omeprazole, and continued treatments for depression with anxiety and follow-up with a liver specialist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg #6: 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 Up-to-date Online, Viagra Entry.

Decision rationale: Regarding the request for Viagra, the CA MTUS and ODG do not directly address this request. Therefore, alternative guidelines are cited from UpToDate Online, an evidenced-based database. Viagra is a phosphodiesterase inhibitor that promotes erectile function through nitric oxide pathways. In the case of this worker, there is not clear work-up as to the underlying etiology of his erectile dysfunction. There are no specifics with regard to frequency of occurrence, whether there is difficulty in achieving or maintaining erection, or what the underlying cause would be. The possible causes of this are numerous and include vascular disease, psychogenic, hypogonadism, or structural abnormalities. Given the lack of work-up and documentation, this request is not appropriate at this time.

Omeprazole Dr 20mg #60: Overturned

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 PPI Page(s): 68-69.

Decision rationale: In this request, there is controversy over whether a PPI is warranted in this worker's treatment regimen. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In the case of this injured worker, there is documentation of GERD and heartburn symptoms which would make the use of a proton pump inhibitor such as omeprazole appropriate. However, the IMR process is only able to comment on medical necessity. Whether this GERD is in fact industrially related is another issue altogether that can be resolved by the [REDACTED] process, therefore IS medically necessary

Continued treatments for depression with anxiety: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Office visits.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological Evaluations and Treatment Page(s): 100-102.

Decision rationale: Regarding the request for continued behavior health treatment for depression/anxiety, Chronic Pain Medical Treatment Guidelines state that psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected using pain problems, but also with more widespread use in chronic pain populations. Diagnostic evaluations should distinguish between conditions that are pre-existing, aggravated by the current injury, or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. ODG states the behavioral interventions are recommended. Guidelines go on to state that an initial trial of 3 to 4 psychotherapy visits over 2 weeks may be indicated. With evidence of functional improvement, there can be additional sessions warranted per the ODG. Within the documentation available for review, the patient continues with chronic depressive symptoms. But the manner in which this request was made was not specific with regards to total number of sessions. Therefore, the utilization review determination had modified this allow only 1 follow-up visit. Because the nature of the original request not specific in terms of number of visits, it is not appropriate. Note that the IMR process cannot modify requests.