

Case Number:	CM15-0136415		
Date Assigned:	07/24/2015	Date of Injury:	11/22/2011
Decision Date:	08/21/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/14/2015

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, Indiana, New York
Certification(s)/Specialty: 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 injured worker is a 55 year old male patient who sustained an industrial injury on 11/22/2011. The injured worker was employed as a produce dryer and was hit in the back with a 400 pound barrel and resulting injury. A functional restoration program note dated 01/12/2015 through 01/16/2015 reported treatment recommendations to include: remaining 16 days of program which equates to 80 hours. Current medications are: Tramadol, Amitriptyline. A recent pain management evaluation dated 04/29/2015 reported the diagnostic impression as with chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Amitriptyline HCL 50mg 30 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13, 16, and 107. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Amitriptyline.

Decision rationale: Pursuant to the Official Disability Guidelines, amitriptyline HCl 50 mg #30 is not medically necessary. Antidepressants are recommended as a first line option for neuropathic pain and are a possibility for non-neuropathic pain. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated or contraindicated. Analgesic effects generally occur within a few days to a week; as antidepressant effects take longer to occur. In this case, the injured worker's working diagnosis is chronic low back pain. The date of injury is November 22, 2011. Request for authorization is July 6, 2015. The documentation is drawn from functional restoration program interval summaries. The injured worker is being treated for low back pain. The most recent progress note in the medical records dated April 29, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization dated July 6, 2015. The progress note from April 29, 2015 contains a request for refills: amitriptyline 50 mg and tramadol 50 mg. There is no documentation in the medical record of objective functional improvement with amitriptyline. There is no documentation of neuropathic pain in the medical record. Regarding tramadol, there was no failed first-line opiate failure. There is no documentation demonstrating objective functional improvement to support ongoing tramadol. There is no documentation in the medical record of erectile dysfunction. As a result, there is no clinical indication for Viagra. Consequently, absent contemporaneous clinical documentation on or about the date of request for authorization, clinical documentation of neuropathic pain, no documentation of objective functional improvement, amitriptyline HCl 50 mg #30 is not medically necessary.

Tramadol 50mg 120 count: 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, tramadol 50 mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnosis is chronic low back pain. The date of injury is November 22, 2011. Request for authorization is July 6, 2015. The documentation is drawn from functional restoration program interval summaries. The injured worker is being treated for low back pain. The most recent progress note in the medical records dated April 29, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization dated July 6, 2015. The progress note from April 29, 2015 contains a request for refills: amitriptyline 50 mg and tramadol 50 mg. There is no documentation in the medical record of objective functional improvement with amitriptyline. There is no documentation of neuropathic pain in the medical record. Regarding tramadol, there was no failed first-line opiate failure. There is no documentation demonstrating objective functional improvement to support ongoing tramadol.

There is no documentation in the medical record of erectile dysfunction. As a result, there is no clinical indication for Viagra. There are no detailed pain assessments in the medical record. There were no risk assessments in the medical record. Consequently, absent clinical documentation demonstrating objective functional improvement to support ongoing tramadol, evidence of failed first-line opiate treatment, risk assessments and detailed pain assessments, tramadol 50 mg #120 is not medically necessary.

Viagra 50mg 5 count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sildenafil.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation
<https://www.nlm.nih.gov/medlineplus/druginfo/meds/a699015.html>.

Decision rationale: Pursuant to Medline plus, Viagra 50 mg #5 is not medically necessary. Sildenafil (Viagra) is used to treat erectile dysfunction (impotence; inability to get or keep an erection) in men. Sildenafil (Revatio) is used to improve the ability to exercise in adults with pulmonary arterial hypertension (PAH; high blood pressure in the vessels carrying blood to the lungs, causing shortness of breath, dizziness, and tiredness). Children should not usually take sildenafil, but in some cases, a doctor may decide that sildenafil (Revatio) is the best medication to treat a child's condition. Sildenafil is in a class of medications called phosphodiesterase (PDE) inhibitors. Sildenafil treats erectile dysfunction by increasing blood flow to the penis during sexual stimulation. This increased blood flow can cause an erection. Sildenafil treats PAH by relaxing the blood vessels in the lungs to allow blood to flow easily. In this case, the injured worker's working diagnosis is chronic low back pain. The date of injury is November 22, 2011. Request for authorization is July 6, 2015. The documentation is drawn from functional restoration program interval summaries. The injured worker is being treated for low back pain. The most recent progress note in the medical records dated April 29, 2015. There is no contemporaneous clinical documentation on or about the date of request for authorization dated July 6, 2015. The progress note from April 29, 2015 contains a request for refills: amitriptyline 50 mg and tramadol 50 mg. There is no documentation in the medical record of objective functional improvement with amitriptyline. There is no documentation of neuropathic pain in the medical record. Regarding tramadol, there was no failed first-line opiate failure. There is no documentation demonstrating objective functional improvement to support ongoing tramadol. There is no documentation in the medical record of erectile dysfunction. As a result, there is no clinical indication for Viagra. Consequently, absent clinical documentation of erectile dysfunction and a clinical indication and rationale, Viagra 50 mg #5 is not medically necessary.