

Case Number:	CM15-0140976		
Date Assigned:	07/30/2015	Date of Injury:	09/03/1996
Decision Date:	09/21/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/20/2015

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

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 47 year old male who reported an industrial injury on 9-3-1996. His diagnoses, and or impression, were noted to include: impotence of organic origin; lumbar or thoracic radiculopathy; back pain; and post lumbar laminectomy. No current imaging studies were noted. His treatments were noted to include 3 lumbar surgeries; implantation of a lumbar spinal cord stimulator (7-9-13); trans-cutaneous electrical stimulation unit therapy; and medication management. The progress notes of 7-1-2015 reported chronic lower back and left leg pain that was better controlled when he took his medications at bedtime, and occasionally during the day for breakthrough pain. Objective findings were noted to include positive weakness in the upper and lower extremities, and left leg-hip; edema and skin rash to the bilateral feet-ankles; anxiety; the loss of sexual desire with the inability to have an erection; and constipation. The physician's requests for treatments were noted to include the continuation of Soma, Norco, Viagra and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350 mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: This patient presents with chronic lower back and left leg pain. The current request is for Soma 350 mg #30 with 1 refill. Treatment history included 3 lumbar surgeries; implantation of a lumbar spinal cord stimulator (7-9-13); transcutaneous electrical stimulation unit therapy, physical therapy and medication management. The patient is not working. MTUS Chronic Pain Guidelines pages 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. According to progress, report 07/01/15, the patient presents with low back pain that radiates into the lower extremities. Objective findings were noted to include positive weakness in the upper and lower extremities, and edema and skin rash to the bilateral feet and ankles. The treater has recommended a refill of medications. The patient has been prescribed Soma since 2014 and MTUS recommends this medication only for a short period, no more than 2-3 weeks. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Norco 5/325 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88,89.

Decision rationale: This patient presents with chronic lower back and left leg pain. The current request is for Norco 5/325 mg #60. Treatment history included 3 lumbar surgeries; implantation of a lumbar spinal cord stimulator (7-9-13); transcutaneous electrical stimulation unit therapy, physical therapy and medication management. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS page 77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument

or numerical rating scale." According to progress, report 07/01/15, the patient presents with low back pain that radiates into the lower extremities. Objective findings were noted to include positive weakness in the upper and lower extremities, and edema and skin rash to the bilateral feet and ankles. The treater has recommended a refill of medications. The patient has been prescribed Norco since 2014. Per report 07/01/15, the patient reports that medications allow him to relax, sit comfortably, stand without fatigue, walk longer distance, sleep better and care for his daughter. Medications effects lasted up to 6 hours, provided 20-40% pain relief, but does make him feel drowsy. UDS are routinely provided and CURES report dated 07/01/15 was appropriate. In this case, the treating physician has provided adequate documentation including the 4A's as requirement by MTUS for opiate management. The request IS medically necessary.

Viagra 100 mg #30 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ██████ Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction.

Decision rationale: This patient presents with chronic lower back and left leg pain. The current request is for Viagra 100 mg #30 with 1 refill. Treatment history included 3 lumbar surgeries; implantation of a lumbar spinal cord stimulator (7-9-13); transcutaneous electrical stimulation unit therapy, physical therapy and medication management. The patient is not working. The MTUS and ACOEM Guidelines do not discuss Viagra specifically. ██████ Guidelines Clinical Policy Bulletin No. 0007 regarding erectile dysfunction states that a comprehensive physical/examination and lab workup for the diagnosis of erectile dysfunction(ED) including medical, sexual, and psychosocial evaluation is required including documentation of hypogonadism that may contribute to the patient's ED. ██████ also does not support performance-enhancing drugs such as Viagra or Cialis. According to progress report 07/01/15, the patient presents with low back pain that radiates into the lower extremities. Objective findings were noted to include positive weakness in the upper and lower extremities, and edema and skin rash to the bilateral feet and ankles. The patient also complains of lack of energy, inability to have an erection and loss of sexual desire. The patient has been prescribed Viagra for the treatment of his erectile dysfunction, which the treater state is caused by ongoing use of opioids. In this case, there is no psychosocial evaluation, nor medical evaluation regarding ED. There are no laboratory tests documenting patient's testosterone levels. Some guidelines such as the ██████ consider life-enhancing medications not medically necessary. Therefore, the request for Viagra IS NOT medically necessary.

Gabapentin 300 mg #30 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Neurontin Page(s): 18,19.

Decision rationale: This patient presents with chronic lower back and left leg pain. The current request is for Gabapentin 300 mg #30 with 1 refill. Treatment history included 3 lumbar surgeries; implantation of a lumbar spinal cord stimulator (7-9-13); transcutaneous electrical stimulation unit therapy, physical therapy and medication management. The patient is not working. MTUS chronic pain guidelines have the following regarding Gabapentin on pages 18 and 19: "Gabapentin -Neurontin, Gabarone, generic available has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." According to progress report 07/01/15, the patient presents with low back pain that radiates into the lower extremities. Objective findings were noted to include positive weakness in the upper and lower extremities, and edema and skin rash to the bilateral feet and ankles. The treater has recommended a refill of medications. The patient has been utilizing Gabapentin since 03/15/15. Gabapentin is recommended, per MTUS, as a first-line treatment for neuropathic pain. The patient suffers from radiating pain into the lower extremities and progress reports note that with the use of current medications, the patient's pain is reduced 20-40% and he is able to stay active and care for this daughter. The patient meets the indication for this medication and there is evidence of medication efficacy. The requested Gabapentin IS medically necessary.