

Case Number:	CM15-0141747		
Date Assigned:	07/31/2015	Date of Injury:	03/20/2012
Decision Date:	09/15/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/21/2015

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 45-year-old male who sustained an industrial injury on 3-20-12. Per the QME's documentation, the injured worker fell on his head with loss of consciousness for 2-3 minutes. Approximately 1 ½ weeks later, he complained of severe dizziness, headache, confusion, anxiety, insomnia, and reports that he "blanked out". Other symptoms included "room spinning", nausea (but no vomiting), difficulty talking, memory problems, increased anger and agitation, "talking loud and starts yelling", and ringing in both ears. He underwent the following diagnostic measures: x-ray of the neck, CT head, EEG, several MRI's, electrodiagnostic studies of the lumbar spine, electrocardiogram, ultrasounds, and laboratory testing. His treatment has included cervical spine surgery, chiropractic services, physical therapy, medications, and a TENS unit. Diagnoses on his last physician visit include Post- Concussion Syndrome, Degeneration of cervical intervertebral disc, Cervical Post-Laminectomy Syndrome, and Degeneration of the lumbosacral intervertebral disc. He has a history of C5-6 and C6-7 fusion. The injured worker has also been seen by Psychiatry for increased anxiety; however, those records are not available for this review. Currently, the injured worker reports that his low back pain is worse when he lies down to rest. He states that his headaches remain the same, but wax and wane in intensity. He reports that acupuncture is helping to reduce his symptoms. He completed physical therapy in May 2015. He continues to see Neurology. Current treatment requests include Viagra, TENS unit, Acupuncture x 6 visits, and Trimethobenzamide. The injured worker has indicated that the acupuncture is helping to relieve symptoms. The medical records do not indicate a specific reason for the TENS unit, but associate it with the diagnosis

of Degeneration of the cervical intervertebral disc. The record also indicates that the Viagra was initiated by Psychiatry; however, those notes are unavailable for further review. The injured worker has a history of nausea; however, no recent symptoms have been documented. It is unclear as to the injured worker's actual use of Trimethobenzamide.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 100mg #15 with 0 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NGC: Note Mayo Clinic.

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 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.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of TENS.

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): 114-117 of 127.

Decision rationale: Regarding the request for TENS, Chronic Pain Medical Treatment Guidelines state that transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option if used as an adjunct to a program of evidence-based functional restoration. Guidelines recommend failure of other appropriate pain modalities including medications prior to a TENS unit trial. Prior to TENS unit purchase, one month trial should be documented as an adjunct to ongoing treatment

modalities within a functional restoration approach, with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Within the documentation available for review, there is no indication that the patient has undergone a 30-day TENS unit trial, and no documentation of any specific objective functional deficits which a tens unit trial would be intended to address. Additionally, it is unclear what other treatment modalities are currently being used within a functional restoration approach. In the absence of clarity regarding those issues, the currently requested TENS unit is not medically necessary.

Acupuncture x 6 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for additional acupuncture, California MTUS does support the use of acupuncture for chronic pain. Acupuncture is recommended to be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery.

Additional use is supported when there is functional improvement documented, which is defined as "either a clinically significant improvement in activities of daily living or a reduction in work restrictions" and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. Within the documentation available for review, it appears the patient has undergone acupuncture previously. It is unclear how many sessions have previously been provided. Additionally, there is no documentation of objective functional improvement from the therapy already provided. As such, the currently requested acupuncture is not medically necessary.

Trimethobenzamide 300mg take 1 capsules 3 times a day #60 with 0 refill: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: Regarding the request for Trimethobenzamide, California MTUS guidelines do not contain criteria regarding the use of antiemetic medication. ODG states that antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Guidelines go on to recommend that ondansetron is approved for postoperative use, nausea and vomiting secondary to chemotherapy, and acute use for gastroenteritis. Within the documentation available for review, it appears the patient has nausea and vomiting secondary to post concussion syndrome. The use of an antiemetic is reasonable. As such, the currently requested Trimethobenzamide is medically necessary.