

Case Number:	CM15-0160540		
Date Assigned:	08/26/2015	Date of Injury:	06/14/2012
Decision Date:	09/30/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/17/2015

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, Hawaii
 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:

The injured worker is a 54-year-old male who sustained an industrial-work injury on 6-14-12. He reported an initial complaint of neck and low back pain. The injured worker was diagnosed as having chronic pain, cervical radiculitis, lumbar radiculitis, right knee pain, status post left knee and shoulder surgery, GERD (gastroesophageal reflux disease) and chest palpitations. Treatment to date includes medication, surgery (left shoulder and knee arthroscopy), cervical epidural steroid injection, and diagnostics. MRI results were reported on 8-8-12 of the left shoulder and knee. Currently, the injured worker complained of constant neck pain that radiates down left upper extremity accompanied by numbness in bilateral upper extremities to the level of the elbows to wrist and fingers. Low back pain is intermittent and radiates down the bilateral lower extremities with numbness. There is also difficulty with sleep and bladder dysfunction. Per the primary physician's report (PR-2) on 6-22-15, cervical exam notes spinal vertebral tenderness at C5-7 with moderately limited range of motion and pain increases with flexion, extension, and rotation. The lumbar spine range of motion is slightly to moderately limited, pain increases with extension, and straight leg raise position is negative bilaterally. The requested treatments include Levitra 2.5mg and Tramadol 50mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Levitra 2.5mg (qty unspecified) qty: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA) Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation AETNA Clinical Policy Bulletin: Erectile Dysfunction Number: 0007.

Decision rationale: The patient presents with constant neck pain which radiates down left upper extremity accompanied by numbness in bilateral upper extremities to the level of the elbows to wrist and fingers. Low back pain is intermittent and radiates down the bilateral lower extremities with numbness. There is also difficulty with sleep and bladder dysfunction. The current request is for Levitra 2.5mg (quantity unspecified). The treating physician states, in a report dated 06/22/15, "Urology consult to establish cause and treat erectile dysfunction." (192B) The MTUS and ODG guidelines are silent on the matter of erectile dysfunction. The AETNA guidelines have specific diagnostic workup criteria to determine a diagnosis of erectile dysfunction (ED). Additionally laboratory tests are required before treatment of ED can be considered. In this case, the treating physician has been prescribing Levitra since at least 2/02/15 without stating the quantity requested. There are no diagnostic tests found in the medical records provided to clinically diagnose the patient with ED. There is nothing in the records to determine the specific etiology of the patient's ED. The treating physician has failed to follow any guidelines for this current request and the supporting documentation fails to show any medical necessity. Therefore, the current request is not medically necessary.

Tramadol 50mg qty: 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability Guidelines (ODG) Treatment in Workers Compensation, 5th Edition, 2007 or current year.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 74-96.

Decision rationale: The patient presents with constant neck pain, which radiates down left upper extremity accompanied by numbness in bilateral upper extremities to the level of the elbows to wrist and fingers. Low back pain is intermittent and radiates down the bilateral lower extremities with numbness. There is also difficulty with sleep and bladder dysfunction. The current request is for Tramadol 50mg Qty: 90. The treating physician states, in a report dated 06/22/15, "Tramadol: renew as previously prescribed. Beneficial with intended effect at prescribed dose." The MTUS guidelines state, "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. In this case, the treating physician, on page 192B adequately documents the 4 As, assessment of pain using a validated scale, urine screens and CURES. The patient is tolerating the current dose with no adverse side-effects. The current request is medically necessary.