MAXIMUS Federal Services

Case Number:	CM15-0183021		
Date Assigned:	09/23/2015	Date of Injury:	12/18/2013
Decision Date:	10/28/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/17/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 50 year old male, who sustained an industrial injury on 12-18-2013. He has reported subsequent neck and right upper extremity pain and was diagnosed with degeneration of cervical intervertebral disc, unspecified myalgia and myositis and brachial neuritis or radiculitis. MRI of the cervical spine on 05-07-2014 showed mild disc degeneration of C6-C7 with broad based posterior disc protrusion, moderate to severe right and moderate left C6-C7 foraminal stenosis and posterolateral disc bulges at C3-C4 with mild left foraminal and spinal canal stenosis. MRI of the right shoulder on 03-15-2014 showed partial bursal surface tears and tendinosis of the supraspinatus and moderate osteoarthritis with hypertrophic changes of the acromioclavicular joint. Treatment to date has included pain medication, acupuncture, chiropractic treatment and injections. Medications were noted to allow greater than 50% relief of pain. Documentation shows that non-steroidal anti-inflammatory drugs (NSAID's) and proton-pump inhibitors had been prescribed to the injured worker since at least 11-26-2014. In the 05-20-2015 progress note, the physician noted that Omeprazole was prescribed for gastroesophageal reflux secondary to NSAID therapy. The physician also noted that the injured worker was noticing problems with erectile dysfunction since the injury and Sildenafil was prescribed. In a progress note dated 07-15-2015, the injured worker presented to the physician for medication management and reported pain radiating to the right shoulder, right upper arm, right hand and right upper extremity that was an average of about 3 out of 10 and was rated 5 out of 10 during the visit. No abnormal objective examination findings were documented. The injured worker was noted to be very satisfied with the current treatment regimen and the regimen was noted to allow

greater than 50% relief. Pain level was noted to be 3 out of 10 with medication and 7 out of 10 without medication. Work status was documented as temporarily totally disabled. A request for authorization of Sildenafil 20 mg #10 and Omeprazole 20 mg #60 was submitted. As per the 09-04-2015 utilization review, the requests for Sildenafil 20 mg #10 and Omeprazole 20 mg #60 were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sildenafil 20 mg #10: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, dealing with misuse & addiction. Decision based on Non-MTUS Citation [redacted] Am Fam Physician. 2010 Feb 1; 81(3):305-312. [redacted] Am Fam Physician. 2010 Feb 1;81(3):305-312.Am Fam Physician. 2010 Feb 1;81(3):305-312.

Decision rationale: According to the MTUS guidelines, chronic opioid use can lead to low testosterone levels and potentially a decline in libido and erectile dysfunction. Testosterone replacement may be appropriate in those with Hypogonadism. In this case, there is no indication of a low testosterone. The claimant was not on opioids. In addition, an erectile dysfunction work-up or discussion was not mentioned. The term sexual dysfunction as described in the chart is broad and vague. The use of Sildenafil is for erectile dysfunction. Sildenafil is not justified and therefore is not medically necessary.

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. The claimant had been on Omeprazole for months along with NSAIDS. If chronic use of NSAIDs causes GI side effects, then discontinuing NSAIDS and PPIs is more appropriate then continuing a PPI. Therefore, the continued use of Omeprazole is not medically necessary.