

Case Number:	CM15-0184392		
Date Assigned:	09/24/2015	Date of Injury:	03/18/2013
Decision Date:	12/07/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/18/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 25 year old male who sustained an industrial injury on 3-18-13. The injured worker reported anxiety, pain in the low back, neck, right hip and buttock. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar radiculopathy, cervical radiculopathy, secondary anxiety, depression, panic attacks, sexual dysfunction and post-traumatic stress disorder. Provider documentation dated 8-26-15 noted the work status as temporary totally disabled. Treatments and diagnostics has included the use of a wheelchair, head computed tomography (2011, 2013), physical therapy, electromyography and nerve conduction velocity study (July 2013), radiographic studies, at least 6 weeks of speech therapy, electroencephalogram, Psychiatric consultations, lumbar spine magnetic resonance imaging (3-27-14), cervical spine magnetic resonance imaging (6-25-15), thoracic spine magnetic resonance imaging (6-26-15), Restoril since at least July of 2015, Gabapentin since at least April of 2015, Soma since at least July of 2015, Subutex since at least July of 2015, and Xanax since at least March of 2015. Objective findings dated 8-26-15 were notable for anxious and nervous mood and affect, lumbar spine tender with spasms noted right greater than left, cervical spine with muscle spasm right greater than left, gait not tested as the injured worker was noted to be in a wheelchair on 8-27-15. The treating physician indicates that the urine drug testing result (2-12-14) showed no aberration. The original utilization review (8-24-15) partially approved a request for Viagra 50 milligrams quantity of 30, Restoril 30 milligrams (unspecified quantity), Soma 350 milligrams quantity of 90 and Xanax 2 milligrams quantity of 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Viagra 50mg #30: Upheld

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

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

Decision rationale: The CA MTUS did not address the treatment of erectal dysfunction. The ODG guidelines noted the chronic back pain and pain medications can be associated with sexual dysfunction. The guidelines noted that persistent sexual dysfunction be investigated and evaluated by a urologist to identify correctable causes. The records indicate that the sexual dysfunction was attributed to anxiety and chronic pain. There was no indication that the condition had be evaluated by a specialist. The chronic use of opioids and sedatives can be associated with sexual dysfunction that can resolve with discontinuation or reduction in the medication dosage. The criteria for the use of Viagra 50mg #30 was not met. The request is not medically necessary.

Restoril 30mg (unspecified quantity): 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): Medications for chronic pain, Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress Benzodiazepines.

Decision rationale: The CA MTUS and the ODG guidelines recommend that sedatives and anxiolytic medications can be utilized for short term treatment of anxiety disorder when standard pain treatments, exercise, PT and non medication measures have failed. The chronic use of sedatives and anxiolytic medications can be associated with the development of tolerance, dependency, addiction, sedation, daytime somnolence and adverse interaction with opioid medications. The guidelines recommend that first line anticonvulsant and antidepressant co-analgesic medications be utilized in the treatment of psychosomatic disorders associated with chronic pain syndrome. The records indicate that the duration of utilization of Restoril had exceeded the guidelines recommended maximum period of 4 to 6 weeks. There is no indication that the patient failed treatment with first line medications with mood stabilizing and anxiolytic properties or non medication behavioral therapy. The criteria for the use of Restoril 30mg was not met. The request is not medically necessary.

Soma 350mg #90: 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): Medications for chronic pain, Muscle relaxants (for pain), Carisoprodol (Soma). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard NSAIDs, non opioid co-analgesics, exercise, PT and non medication measures have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation, daytime somnolence and adverse interaction with sedative medications. The use of Soma of associated with significantly high incidence of addiction because of the action of meprobamate, the anesthetic like metabolite. The records indicate that the duration of utilization of Soma had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The patient is utilizing multiple benzodiazepines, opioids and sedative medications concurrently. The criteria for the use of Soma 350mg #90 was not met. The request is not medically necessary.

Xanax 2mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Bier's block, Behavioral interventions. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Mental Illness and Stress Benzodiazepines.

Decision rationale: The CA MTUS and the ODG guidelines recommend that sedatives and anxiolytic medications can be utilized for short term treatment of anxiety disorder when standard pain treatments, exercise, PT and non medication measures have failed. The chronic use of sedatives and anxiolytic medications can be associated with the development of tolerance, dependency, addiction, sedation, daytime somnolence and adverse interaction with opioid medications. The guidelines recommend that first line anticonvulsant and antidepressant co-analgesic medications be utilized in the treatment of psychosomatic disorders associated with chronic pain syndrome. The records indicate that the duration of utilization of Xanax had exceeded the guidelines recommended maximum period of 4 to 6 weeks. The patient is utilizing multiple benzodiazepines as well as opioid medications. There is no indication that the patient failed treatment with first line medications with mood stabilizing and anxiolytic properties or non medication behavioral therapy. The criteria for the use of Xanax 2mg #90 was not met. The request is not medically necessary.