

Case Number:	CM15-0209422		
Date Assigned:	10/28/2015	Date of Injury:	02/18/2009
Decision Date:	12/08/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/23/2015

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, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injury on 2-18-09. The injured worker was being treated for chronic pain syndrome, cervical spine HNP, cervical radiculitis, lumbar spine HNP, lumbar radiculitis, hip fracture, headache, shoulder internal derangement, status post right shoulder surgery and insomnia. On 9-30-15, the injured worker complains of headaches, jaw-face pain, bilateral shoulder pain, neck and low back pain, left hip pain and left stump pain. He rates the pain 2-3 out of 10 to 9 out of 10 and relieved with pain meds, meditation, breathing, stretching and the Jacuzzi. On 9-1-15 he rated the pain 4-5 out of 10 to 6-7 out of 10; 5 out of 10 following opioid and duration of pain following opioid being 3 hours. The pain is rated 4 out of 10 following opioid and duration of pain relief is 3-4 hours on 9-30-15. He is currently not working. Physical exam performed on 9-30-15 revealed left below knee prosthesis and painful range of motion of right shoulder. Treatment to date has included oral medications including Percocet 10-325mg (since at least 4-8-15), Lyrica 100mg, Viagra 100mg (since at least 4-8-15), Prilosec 20mg, Sonata 10mg, Lorzone 750mg, Amrix 15mg and Effexor 75mg; acupuncture, chiropractic treatment, shoulder, neck, back and stump injections and physical therapy. The treatment plan included request for prescriptions for Percocet 10-325mg #144, Zanaflex 4mg #15, Lyrica 100mg #180, Effexor 75mg #30, Lidoderm patch 5% 330 and Viagra 100mg #15. On 10-20-15 request for Percocet 10-325mg #144 was modified to #34 and request for Viagra and Zanaflex was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #144: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Opioids, long-term assessment.

Decision rationale: CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. The injured worker was initially injured in early 2009 and continues to report chronic headaches, bilateral shoulder pain and lower back pain that is not effectively relieved with pain medications. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as Percocet. There is no evidence suggesting that the medication has helped with his activities of daily living. While VAS score have improved slightly, there is no noted improvement in objective physical exam findings or functional capacity. As well there is no mention of UDS or concern of abuse. The IW is currently taking 5 tablets daily based on the recent prescription record which is an elevated dose of chronic short acting opioids. As well there is concern of side effects related to the chronic use of opioids such as vicodin. Consequently continued use of short acting opioids is not supported by the medical records and guidelines as being medically necessary at the requested dosage, therefore is not medically necessary.

Viagra 100mg #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness, Initial Care.

Decision rationale: From the provided medical records it is unclear how Viagra is related to the initial industrial injury. The medication is not noted in the CA MTUS and erectile dysfunction related to chronic opioid usage is not mentioned. The most appropriate treatment for opioid related hypogonadism is cessation or decrease of dosage of opioids. Viagra does not appear to be medically necessary in terms of treating the injured workers industrial accident.

Zanaflex 4mg #15: 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): Muscle relaxants (for pain).

Decision rationale: According to MTUS guidelines anti-spasmodic agents such as the prescribed medication are "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (Van Tulder, 2003) (Van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." Muscle relaxants are recommended as second line option for short-term treatment of acute exacerbation of muscle spasm in patients with chronic lower back pain. According to the cited guidelines muscle relaxants provide no additional benefit in managing chronic back pain and spasm beyond NSAIDs. Additionally efficacy appears to diminish over time and prolonged use increases risk of dependence and tolerance. In the cited records there was no mention of muscle spasms noted. Consequently the provided medical records and cited guidelines do not support continued long-term chronic use of muscle relaxants as being clinically necessary at this time, therefore is not medically necessary.