MAXIMUS Federal Services

Case Number:	CM15-0031087		
Date Assigned:	02/24/2015	Date of Injury:	12/01/2006
Decision Date:	05/19/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/19/2015

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

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 55 year old male, who sustained an industrial injury on December 1, 2006. The injured worker has reported low back pain and bilateral leg pain, neck pain, bilateral upper extremity pain, headaches, decreased appetite, depression and anxiety. The diagnoses have included cervical radiculopathy status post anterior cervical discectomy and fusion, neck pain, cephalgia, lumbar radiculopathy, total body pain, chronic pain related depression, prescription narcotic dependence, chronic pain syndrome, tension headaches, chronic pain related insomnia and sleep disorder and myofascial syndrome. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions, pain medications, conservative therapies and work restrictions. The injured worker presented on 01/07/2015 for a follow up evaluation with complaints of low back and bilateral leg pain. The injured worker also reported neck pain and bilateral upper extremity pain. Headache, decreased appetite, depression, and anxiety were also reported. There was no comprehensive physical examination provided on that date. Recommendations included a urine drug screen, a refill of Norco 10/325 mg and tramadol 50 mg, initiation of a compounded ointment, and continuation of Anaprox, Prilosec, Colace, Zanaflex, gabapentin, and Trepadone. The injured worker was also issued a prescription for Viagra 100 mg. A Request for Authorization form was submitted on 01/07/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flurbiprofen 15%/Cyclobenzaprine 2%/Baclofen 2%/Lidocaine 5%/ Hyaluronic Acid 0.20% compounded ointment 240ml for 2 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/15857456Official Disability Guidelines (ODG), Pain, Compound drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug that is not recommended, is not recommended as a whole. The only FDA approved topical NSAID is diclofenac. The request for a compounded cream containing Flurbiprofen would not be supported. Lidocaine is not recommended in the form of a cream, lotion, or gel. Muscle relaxants are not recommended for topical use. There is also no frequency listed in the request. Given the above, the request is not medically necessary at this time.

Trepadone 2 by mouth twice a day #120 for 2 months: Upheld

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

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, Medical Food.

Decision rationale: The Official Disability Guidelines state medical food which is formulated to be consumed or administered entirely under the supervision of a physician and which is intended for the specific dietary management of a disease of condition. There is no indication that this injured worker suffered from a nutritional deficit. The medical necessity for the requested medication has not been established in this case. Therefore, the request is not medically necessary.

Viagra 100mg 1 by mouth 30 minutes before SA #5 for 2 months: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/11186707 Urologiia. 2000 May-Jun; (3):32-4.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 28 April 2014. Sildenafil.Sildenafil (Viagra) is used to

treat erectile dysfunction (impotence; inability to get or keep an erection) in men. Sildenafil (Revatio) is used to improve the ability to exercise in adults with pulmonary arterial hypertension (PAH; high blood pressure in the vessels carrying blood to the lungs, causing shortness of breath, dizziness, and tiredness). Children should not usually take sildenafil, but in some cases, a doctor may decide that sildenafil (Revatio) is the best medication to treat a child's condition. Sildenafil is in a class of medications called phosphodiesterase (PDE) inhibitors. Sildenafil treats erectile dysfunction by increasing blood flow to the penis during sexual stimulation. This increased blood flow can cause an erection. Sildenafil treats PAH by relaxing the blood vessels in the lungs to allow blood to flow easily.

Decision rationale: According to the U.S. National Library of Medicine, Viagra is used to treat erectile dysfunction in men. In this case, the injured worker does not maintain a diagnosis of erectile dysfunction. There is no documentation of a clinical workup including testosterone levels to substantiate the necessity for an erectile dysfunction medication. Given the above, the request is not medically necessary.

Viagra cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/11186707Urologiia. 2000 May-Jun; (3):32-4.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: U.S. National Library of Medicine. U.S. Department of Health and Human Services National Institutes of Health. Updated: 28 April 2014. Sildenafil.Sildenafil (Viagra) is used to treat erectile dysfunction (impotence; inability to get or keep an erection) in men. Sildenafil (Revatio) is used to improve the ability to exercise in adults with pulmonary arterial hypertension (PAH; high blood pressure in the vessels carrying blood to the lungs, causing shortness of breath, dizziness, and tiredness). Children should not usually take sildenafil, but in some cases, a doctor may decide that sildenafil (Revatio) is the best medication to treat a child's condition. Sildenafil is in a class of medications called phosphodiesterase (PDE) inhibitors. Sildenafil treats erectile dysfunction by increasing blood flow to the penis during sexual stimulation. This increased blood flow can cause an erection. Sildenafil treats PAH by relaxing the blood vessels in the lungs to allow blood to flow easily.

Decision rationale: According to the U.S. National Library of Medicine, Viagra is used to treat erectile dysfunction in men. In this case, the injured worker does not maintain a diagnosis of erectile dysfunction. There is no documentation of a clinical workup including testosterone levels to substantiate the necessity for an erectile dysfunction medication. There is also no frequency or quantity listed in the request. Given the above, the request is not medically necessary.

Physical therapy 2x5, low back, neck: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. In this case, the injured worker has previously participated in a course of physical therapy. However, there was no documentation of the previous course with evidence of objective functional improvement. Additional treatment would not be supported at this time. As such, the request is not medically necessary.