

Case Number:	CM15-0050065		
Date Assigned:	03/23/2015	Date of Injury:	03/10/2014
Decision Date:	05/04/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/17/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 56 year old male, who sustained an industrial injury on 3/10/2014. He reported injuries to his neck and lower back. Diagnoses have included lumbar disc disorder, lumbar radiculopathy and post lumbar laminectomy syndrome. Treatment to date has included lumbar magnetic resonance imaging (MRI), lumbar surgery, physical therapy and medication. According to the progress report dated 2/18/2015, the injured worker complained of back pain radiating from low back down both legs. He rated his pain with medications as 8/10. Pain without medications was rated 10/10. He reported that physical therapy was somewhat helpful. Current medications included Viagra, Norco, Gabapentin, Ibuprofen and Valium. He was wearing a lumbar support brace. The injured worker had a slow, stooped, antalgic unsteady gait; he used a cane. Exam of the lumbar spine revealed restricted range of motion. Straight leg raising was positive on both sides. Authorization was requested for Norco and Viagra.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10-325mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The documentation reveals that the patient has been on long term Norco without significant objective findings of functional improvement or significant pain relief therefore the request for continued Norco is not medically necessary.

Viagra 100mg #10, refill 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/viagra.html>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <https://www.viagra.com/>.

Decision rationale: Viagra 100mg #10, refill 3 is not medically necessary per an online review of this medication. Both the MTUS Guidelines and the ODG do not address Viagra. An online review of this medication reveals that this is used for erectile dysfunction. The documentation does not reveal a discussion of efficacy of prior use of Viagra or discussion of erectile dysfunction to warrant continuing this medication. The request for Viagra is not medically necessary.