

Case Number:	CM15-0054863		
Date Assigned:	03/30/2015	Date of Injury:	09/25/2001
Decision Date:	05/21/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/23/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 43 year old male injured worker suffered an industrial injury on 09/25/2001. The diagnoses included lumbar radiculopathy, lumbar facet arthropathy, left hip pain and cervical pain. The diagnostics included magnetic resonance imaging of the lumbar, thoracic and cervical spine with computerized tomography of the left hip. The injured worker had been treated with left pelvic reconstruction, medications, TENS unit. On 2/4/2015 the treating provider reported neck pain radiating down right upper extremity. The low back pain radiated down both legs with tingling along with muscle weakness. There was reported muscle spasms and difficulty sleeping. The pain was rated as 8/10 with medications and 10/10 without medications. The treatment plan included Dilaudid, Viagra, Fluoxetine, Ibuprofen, Naloxone 0.4mg/Evzio and Orphenadrine ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Dilaudid 4mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic.

Decision rationale: According to ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioid analgesics for moderate to severe pain, such as Dilaudid, may be added. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

Viagra 50mg #5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402. Decision based on Non-MTUS Citation Erectile Dysfunction Guideline Updated Panel.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation UpToDate.

Decision rationale: Sildenafil (Viagra) is a medication used to treat erectile dysfunction and pulmonary arterial hypertension. It acts by inhibiting cGMP-specific phosphodiesterase type 5 (PDE5), an enzyme that promotes degradation of cGMP, which regulates blood flow in the penis. The documentation indicates that the patient has erectile dysfunction on the basis of his current medical therapy. There is documentation that this patient had worsening of his erectile dysfunction symptoms with use of Viagra. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

Fluoxetine 20mg #60: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Selective Serotonin Reuptake Inhibitors (SSRIs).

Decision rationale: According to the ODG, selective Serotonin re-uptake Inhibitors (SSRIs), such as Fluoxetine, are not recommended as a treatment for chronic pain, but may have a role in treating secondary depression. Prescribing physicians should provide the indication for these medications. It has been suggested that the main role of SSRIs may be in addressing

psychological symptoms associated with chronic pain. More information is needed regarding the role of SSRIs and pain. SSRIs have not been shown to be effective for low back pain. In this case, the patient is maintained on Fluoxetine for the treatment of depression. Medical necessity for the requested item has been established. The requested medication is medically necessary.

Ibuprofen 800mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71.

Decision rationale: Motrin (Ibuprofen) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis and acute exacerbations of chronic pain. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient has been on previous long-term NSAIDs without any documentation of significant improvement. In addition, this patient has a history of hypertension, which can be aggravated by chronic NSAID therapy. Medical necessity of the requested medication, Motrin 800mg, has not been established. The request for this medication is not medically necessary.

Naloxone 0.4mg/Evzio 1ml prefilled syringe: 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 chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioid antagonist.

Decision rationale: Naloxone (Narcan) is an opioid antagonist. It is most often used to reverse the effects of agonists and agonist-antagonist derived opioids, and is used to reverse the effects of opioids in an overdose. It will usually reverse the depression of the central nervous system, respiratory system, and hypotension. Naloxone may be combined with opioids that are taken by mouth to decrease the risk of their misuse. In this case, with the recommendation for opioid weaning, the medical necessity of Naloxone is not established. The requested medication is not medically necessary.

Orphenadrine ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Muscle Relaxants.

Decision rationale: According to the ODG, Orphenadrine (Norflex) is a muscle relaxant similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. According to CA MTUS guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory drugs (NSAIDs) alone, and are not recommended for the long-term use of chronic pain. In this case, the patient has bilateral low back muscle spasms despite prolonged use of this medication. Based on the currently available information, the medical necessity for Orphenadrine has not been established. The requested medication is not medically necessary.