

<b>Case Number:</b>	CM15-0054903		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	06/02/2003
<b>Decision Date:</b>	06/08/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California, Arizona

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 47 year old male patient who sustained an industrial injury on 06/02/2003. His mechanism of injury was lifting. His diagnosis included Low back pain with radiation to both lower extremities; stomach pain and GERD; depression, anxiety; Erectile dysfunction; hypogonadism; urinary problems. Previous treatment to include: temporary pain stimulator trial, pain medications and injections. His surgical history included L3-4 and L4-5 laminotomy, left L4-5 discectomy and hemilaminectomy on 03/19/2010. He reports going through an exacerbation of his leg symptoms and will re-start Baclofen. He also complains of having stomach issues. On physical exam, he was noted to have normal gait, using no assistive device. Diminished range of motion to the lumbosacral spine was noted with flexion at 15 degrees, extension at 20 degrees with spasm. His medication included OxyContin, Norco, Zipsor, Protonix, Baclofen, and Lidoderm patches. His treatment plan included nerve stimulator placement, refill medications and follow up in 30-45 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Viagra 100mg #15 with 2 refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MDconsult.com.

**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: <http://www.drugs.com/search.php?searchterm=Viagra&a=1>.

**Decision rationale:** The request for Viagra is not addressed in the California MTUS Guideline, the CA ACOEM Guidelines, or the Official Disability Guidelines. Therefore, [www.drugs.com](http://www.drugs.com) was referenced and noted to indicate Viagra is used for treating erectile dysfunction in men. It is also used to treat pulmonary arterial hypertension. The request includes refills and there is no indication to provide refills of any medication without interval evaluation of its efficacy. There was a lack of documentation of current status of the patient's erectile dysfunction in the most current clinical documentation. Therefore, the request for Viagra 100 mg #15, with 2 refills, is not indicated. The request for Viagra 100mg #15 with 2 refills is not medically necessary.

**AndroGel 30g #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Testosterone replacement for hypogonadism (related to opioids) Page(s): 110-111.

**Decision rationale:** The California MTUS Guidelines state that Testosterone replacement for hypogonadism as related to opioid use is recommended in limited circumstances for patients taking high dose, long-term opioids with documented low testosterone levels. In the most recent clinical documentation, there is no routine testing of testosterone levels noted. Therefore, the request for AndroGel 30 gm #1 is not medically necessary.

**Dexilant 60mg #45 with 2 refills:** 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, Proton pump inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state that patients with a history of peptic ulcer, GI bleeding or perforation, may be at risk for gastrointestinal events with the use of NSAIDs. The documentation included in the medical record indicates the patient cannot tolerate NSAIDs due to severe GERD. The request does not include dosing instructions, and it includes refills. There is no indication to provide refills of any medication without interval evaluation of its efficacy. Therefore, the request for Dexilant 60 mg #45, with 2 refills, is not medically necessary.

**Probiotics #60 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Collaborating Centre for Nursing and Supportive Care.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Medical Food.

**Decision rationale:** The Official Disability Guidelines state that medical food is not recommended for chronic pain. Medical foods are not recommended for treatment of chronic pain, as they have not been shown to produce meaningful benefits or improvements in functional outcomes. The FDA defines a medical food as food which is formulated to be consumed or administered enterally, under the supervision of a physician and which is intended for a specific dietary management of the a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, or established by medical evaluation. There are no quality studies demonstrating the benefit of medical foods in the treatment of chronic pain. The request does not include dosing instructions. The request includes 2 refills, and there is no indication to provide refills with any medication without interval evaluation of its efficacy. Therefore, the request for probiotics #60, with 2 refills, is not medically necessary.

**EKG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Bonow: Braunwald's Heart Disease-A Textbook of Cardiovascular Medicine, 9th ed. Chapter 13-Electrocardiography.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative electrocardiogram (ECG).

**Decision rationale:** The Official Disability Guidelines state that an electrocardiogram is recommended for patients undergoing high risk surgery, and those undergoing intermediate risk surgery who have identified risk factors. There was a lack of documentation of the patient undergoing surgery and without clear indication of the rationale for the request, the medical necessity cannot be established. Therefore, the request for EKG is not medically necessary.

**ICG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://bcbsms.com>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing, general.

**Decision rationale:** The Official Disability Guidelines state that preoperative testing, general, includes chest radiography, electrocardiography, laboratory testing, etc., and is often performed before surgical procedures. The decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and the physical examination findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. The request is for impedance cardiography, and there is no clear indication for the use of this testing. The medical necessity of this test has not been established. The request for ICG is not medically necessary.

**2D Echo with doppler:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th ed, P 261.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing, general.

**Decision rationale:** The Official Disability Guidelines state preoperative testing is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and the physical exam findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. There is no clear indication or rationale for the use of this testing. There was a lack of documentation regarding pending surgeries. The medical necessity of this test has not been established. The request for a 2D echo with Doppler is not medically necessary.

**Stress echocardiogram:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation InterQual Clinical Evidence Summary: Stress Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing, general.

**Decision rationale:** The Official Disability Guidelines state preoperative testing is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and the physical exam findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing,

regardless of their preoperative status. There is no clear indication or rationale for the use of this testing. There was a lack of documentation regarding pending surgeries. The medical necessity of this test has not been established. The request for a stress echocardiogram is not medically necessary.

**Cardio-respiratory testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Zipes: Braunwald's Heart Disease: A Textbook of Cardiovascular Medicine, 7th ed, Chapter 10-Exercise Stress Testing.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Preoperative testing, general.

**Decision rationale:** The Official Disability Guidelines state preoperative testing is often performed before surgical procedures. The decision to order preoperative tests should be guided by the patient's clinical history, comorbidities, and the physical exam findings. Patients with signs or symptoms of active cardiovascular disease should be evaluated with appropriate testing, regardless of their preoperative status. There is no clear indication or rationale for the use of this testing. There was a lack of documentation regarding pending surgeries. The medical necessity of this test has not been established. The request for cardio respiratory testing is not medically necessary.

**Sudoscans:** 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/pmc/articles/PMC3817891>.

**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: [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov).

**Decision rationale:** In an article from the National Institutes of Health, a Sudoscans is noted to be a noninvasive tool for detecting diabetic small fiber neuropathy and autonomic dysfunction. There was a lack of documentation regarding evidence of diabetic neuropathy, or any related disorder or pathology. Therefore, the request for a Sudoscans is not medically necessary.